Consent Form

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF SIX YEARS

Title of project: ASAP: Assessment of Sensation in the Adult Population

Researchers:
A/Prof Cathy Stinear, Department of Medicine
A/Prof Hannah Block, Indiana University Bloomington
Benjamin Chong, PhD Candidate
Harry Jordan, PhD Candidate
Benjamin Scrivener, Physiotherapist

I have read the Participant Information Sheet, have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have had them answered to my satisfaction.

By signing this consent form, you are making the following statements:

1. I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time
2. I understand that my participation in this study is confidential and that no material that could identify me will be used in reports on this study
3. I understand that my data will be used anonymously, for group statistics and potentially for scientific publication.
4. After completion of the study, all confidential data including computer files will be kept for a minimum of six years to allow for publication and future reanalysis.
5. After six years my data will be deleted from disk and this consent form and all associated paperwork put through a shredder.
6. If I am a student of the University of Auckland my grades will be unaffected by my participation or non-participation in this study.
7. I understand that my participation will be stopped if it appears harmful to me
8. I understand the compensation provisions for this study
9. I know whom to contact if I have any questions about the study
10. I agree to take part in this research, for which I will be asked to complete a number of assessments over two visits, about one week apart.
The following statements are options, please circle either YES or NO.

11. I would like the researcher to mail me a plain English summary of my results from this study, once I have completed it............................................YES / NO

12. I would like the researcher to let me know when the entire study is complete, and mail me a plain English summary of the overall results...........YES / NO

If yes, please write your email or postal address...........................................................................................................................................................................

I consent to take part in this study

Signed: ______________________________________

Name (please print): ________________________________________________

Date: _______________________

Project explained by: ________________________________________________

Signature:  __________________________________

Date:  _______________________

This section is to be completed by a witness for patients who are physically unable to sign their name.

I am not associated with the research project or the researchers. I have witnessed the subject give their verbal consent to participation in this project and add their mark instead of their signature, in the space above.

Witness name: __________________________________________________________

Witness signature: ___________________________  Date: ________________
(The witness may be any adult other than the researchers named in the Patient Information Sheet.)

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE on 29/03/2018 for a period of 3 years. Reference number: 020915