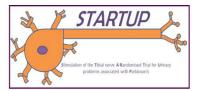
Supplementary material BMJ Open



STARTUP Research office NMAHP Research Unit Glasgow Caledonian University Glasgow G4 0BA Tel: 0141 331 3504 Email: Startuptrial@gcu.ac.uk Trust LOGO, address & contact details

Trial Ref No: 18/ES/0042

Participant ID:

Consent Form

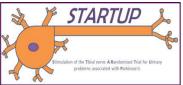
A study to asses if transcutaneous tibial nerve stimulation (TTNS) will help with urine leakage in people who have Parkinson's

By signing this form and initialling each box I agree that:	Please initia
• I have read and understood the Information Sheet (version X dated XXX) for the above study. I have had the opportunity to consider the information, ask questions and have had them answered satisfactorily.	
 My participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my care or legal rights being affected. 	
 Relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the research office, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in the STARTUP study. I give permission for these individuals to have access to my records. 	
• It may not be possible to remove my data from the study once the data analysis has started and results are published.	
 I will be randomised and will have a 50% chance of receiving active tibial nerve stimulation and a 50% chance of receiving non-active tibial nerve stimulation 	
 All relevant data and my contact details can be stored, confidentially and securely by the study offices at Glasgow Caledonian University. 	

1 for participant; 1 for STARTUP study office; 1 for NHS notes; 1 for study file

STARTUP Consent Form. Version 2.0 02.08.2018 (GDPR)

Supplementary material BMJ Open



Trust LOGO, address & contact details

7					
NMAHP F Glasgow Glasgow Tel: 0141	. 331 3504				
Email: Sta	artuptrial@gcu.ac.uk			Trial Ref No:	18/ES/0042
				Participant I	D:
By sig	ning this form and initia	alling each bo	x I agree tha	t:	Please initial all boxes
	I agree to take par	t in this study	,		
•	• I agree to my GP be	eing informed	of my partici	pation in the study	
Your signature	e (participant)			Date	
Your name in	block capitals				
Γο be comple	ted by local STARTUP re	searcher taki	ng consent		
confirm that the treatment	· ·	person named	l above, the	nature and purpose o	of the STARTUP trial and
Your signature	<u> </u>		Date		
Your name in	block capitals				

1 for participant; 1 for STARTUP study office; 1 for NHS notes; 1 for study file

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