

INFORMED CONSENT FORM

Project title: COMPARISON OF THE CLINICAL AND FUNCTIONAL OUTCOMES OF TWO IMMOBILISATION PROTOCOLS AFTER ARTHROSCOPIC PERIPHERAL TFCC REPAIR IN ADULTS - A SINGLE CENTER DOUBLE-BLINDED RANDOMISED CONTROLLED TRIAL

I confirm I have read the Participant Information Sheet for the above study and its contents were explained and I have had the opportunity to ask questions and received satisfactory answers.

I understand that my participation in the study is voluntary and that I have the right to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

I agree to take part in the above study. I confirm that I have received a copy of the Participant Information Sheet along with this signed and dated informed consent form.

Name of the Research Participant :

Age of the Research Participant :

Address of the Research Participant :

Occupation :

Annual Income of the Participant :
(Indicate so if not ready to disclose)

Name & address of the nominee(s) and his relation to the Participant :

Signature of the research subject

Date

Name & Signature of the witness

Date

Name & Signature of the person explaining the consent

Date