

<<<TO BE PRINTED ON LOCAL HEADED PAPER>>>

Centre ID

Participant ID

Distal Radius Acute Fracture Fixation Trial

Chief Investigator: Mr Matt Costa

Initial box

- 1- I confirm that I have read and understand the information sheet dated 14th Jan 2010 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- 2- I understand that my participation is voluntary and that I am free to withdraw at anytime, without giving any reason, without my medical care or legal rights being affected.
- 3- I understand that relevant sections of any of my medical notes and data collected during the study may be looked at by responsible individuals from regulatory authorities, the NHS Trust or the research team, where it is relevant to my taking part in this research. I give my permission for these individual to have access to my records.
- 4- I agree for my contact details to be held at Warwick Clinical Trials Unit for the purpose of sending me questionnaires and other trial related material. These details will be held securely on password controlled computers and hard copies will be kept in secure, locked filing cabinets at the unit.
- 5- I agree to my GP being informed of my participation in the study.
- 6- I agree to take part in the above study.

Name of Patient

Date (dd/mm/yyyy)

Signature

Name of person taking consent

Date (dd/mm/yyyy)

Signature