

# UK Fixation of Distal Tibia Fractures

Chief Investigator: Professor Matt Costa

## CONSENT FORM – *Prospective Consent*

Centre ID:

Participant ID:

Please initial box

1. I confirm that I have read and understood the information sheet version dated 11/05/2015 (Version 5.1) 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 any time, 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 or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

4. I understand that appropriate personal identifying information will be collected, stored and used by Warwick Clinical Trials Unit to enable follow up of my health status. This is on the understanding that any information will be treated with the strictest security and confidentiality.

5. I agree to my GP being informed of my participation in the study.

6. I agree to being sent text messages in relation to the study.

7. I agree to take part in the above study.

8. I agree to complete a short annual postal questionnaire, for the FixDT long term follow up.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mmm/yyyy)

\_\_\_\_\_  
Name of Person taking consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mmm/yyyy)

Top original copy to be kept in the FixDT site file, one copy to be given to the patient and one copy to be kept in the patients' medical notes.