

Study Number: Alpha

Spinally-injured Volunteer Identification Number for this study:

CONSENT FORM

Title of Project: Warwick Spinal Immobiliser Trial

Name of Researcher:

Please initial box

1. I confirm that I have read and understand the information sheet version 2.4, dated 15th May 2013 for the above study.

2. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.

3. I understand that my participation is voluntary, that refusal to participate will incur no penalty, and that I am free to withdraw at any time, without giving any reason, without penalty.

4. I understand that this new device is commercially sensitive, and that I commit to keeping all commercially sensitive information relating to the Warwick Spinal Immobiliser confidential. I understand that this commitment will be valid for a period of seven (7) years or until the information released into the public domain

5. I agree to the use of my relevant personal data for the purpose of the study.

6. I agree to take part in the above study and follow the investigator's instructions.

7. I agree to being contacted again if I could assist with future research

Name of Participant

Signature

Date

Name of person taking consent
(if different from researcher)

Signature

Date

Name of Researcher

Signature

Date

NB: One copy should be made for the participant, and the original document retained by the researcher.