

CONSENT FORM FOR CLINICAL TRIALS WITH COMPETENT ADULT VOLUNTEERS

Title of Project: Evaluation of the electrical activity of back muscles during various activities.

Hospital/Institution: Centre for Rehabilitation Science, Central Manchester Healthcare Trust.

Subject's surname Other names.....

Unit Number Date of Birth

Sex (please tick)

Male

☒ Female

Age Height(cm) Weight(Kg)

Name of Investigator

Specialty

NATURE OF TRIAL INCLUDING POTENTIAL RISKS FOR THE VOLUNTEER:

This trial will involve the recording of EMG muscle activity from the back muscles during an isometric contraction & an antigravity trunk-holding test. You will not experience any problems or gain any benefit from participating in this trial.

I confirm that I have explained the clinical trial and supplied with the volunteer with a leaflet explaining the volunteer's rights in clinical trials in terms which in my judgement are suited to their understanding.

Signature..... Date 18/5/2000

VOLUNTEER (This part to be completed by the volunteer)

Please read this form very carefully

If you wish to ask any questions please speak to the investigator named on this form.

Please check that all the information on the form is correct. If it is and you understand the explanation then please sign the form below.

☒ **YES** I have been given an explanation of the study by the investigator named on this form. It includes full details of any potential risks, my rights and what is to be done to me. I have been given the opportunity to ask questions.

☒ **YES** I have had enough time to think about the study, talk to relatives and friends about it and to decide without pressure if I want to take part.

☒ **YES** I understand the decision is up to me and that I can change my mind at any time.

☒ **YES** I have been assured that all the information collected in the study will be held in confidence and if presented my personal details will be removed.

☒ **YES** I understand the compensation arrangements should I suffer any injury in the trial.

☒ **YES** I agree that the researcher may withdraw me from the study in the interest of my health or welfare.

☒ **YES** I have been informed of any compensation arrangements that have been made.

☒ **YES** I therefore agree that I will take part in this study.

Signed.....

Date.....

Address.....