

Consent Form

Title of Project:

Anterior Cruciate Ligament:

Static Drawer MRI, Proprioception Analysis and Clinical Outcome Scores

Patient Sticker
Name:
Date of Birth:
Hospital Number:

Study Number:

Name of Researchers: Dr. Al-Dadah, Prof. Shepstone, Prof. Donell,

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
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 sections of any of my medical notes may be looked at by responsible individuals from the institute of Orthopaedics, from the above researchers or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.
4. I agree to take part in the above study.

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

1 copy for participant; 1 copy for researcher; 1 copy to be kept with hospital notes