

**APPENDIX A**  
**INFORMED CONSENT FORM**

Research Title: **Study on Osteoarthritis Management, Physical Frailty, and Functional Performance among Older Patient waiting for Total Knee Replacement in Hospital Canselor Tunku Muhriz during Pandemic**

Researcher's name: **DR SUMAIYAH BT MAT**

I, ........ Reg NO..... M947749.....

- Have read the information in the **Participant Information Sheet** including information regarding the risk in this study
- Have been given time to think about it and all my questions have been answered to my satisfaction.
- Understand that I may freely choose to withdraw from this study at any time without reason and without repercussion
- Understand that my anonymity will be ensured in the write-up.

I voluntarily agree to be part of this research study, to follow the study procedures, and to provide necessary information to the researchers, as requested.

..........

(SIGNATURE)

.....18/3/2022.....

(DATE)

.....  
Witness (if any)



.....  
(Signature)



..... (IC  
Number)

18/3/2022

.....  
(Date)

.....  
AHMAD NABIL KHAIRI  
Researcher

*Nabil*

.....  
(Signature)



..... (IC  
Number)

18/3/2022

.....  
(Date)