Warwick Medical School

University Hospitals Coventry and Warwickshire NHS Trust

Study Number:

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 3.0, dated 12th July 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 there is a risk that the Magnetic Resonance Images taken during this study may highlight some pre-existing problem of which I am currently unaware. I understand that, if this happens, I shall be referred to the appropriate medical individual for further investigation or treatment as appropriate. ☐
5. I understand that this new device is commercially sensitive, and 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 is released into the public domain ☐
6. I agree to the use of my relevant personal data for the purpose of the study. ☐
7. I understand that relevant sections of any of my data collected during the study may be looked at by responsible individuals from the University of Warwick, 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 record. ☐
8. I agree to take part in the above study and follow the investigator's instructions. ☐
9. 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.