

Report Supplementary Material 10 Trial Consent Form

UK FROST Trial Participant Consent Form
(version 1.0 11/09/14)

CONSENT FORM FOR THE UK FROST TRIAL: REC No: 14/NE/1176

Participant Identification Number:

This form will be kept confidential and not released to anyone outside of the research team

Please *initial*
each box

1. I confirm that I have read and understood the information sheet [version 2.0 dated 12/01/15] for the above study and I had the opportunity to consider the information and ask questions which have been answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving reason and without my medical care or legal rights being affected.
3. I understand that if I withdraw, I can ask for all record of my contact details to be deleted but it will be impossible to withdraw any other data collected about me.
4. I understand that relevant sections of my medical notes and/or study data may be looked at by responsible individuals from the study team, the Sponsor, the NHS Trust or from regulatory authorities where it is relevant to my taking part in the research. I give permission for these individuals to access my records.
5. I agree to my General Practitioner being informed that I am taking part in this study and being advised of any significant information relating to my health that arises during the study.
6. Should there be problems contacting me, I agree to my General Practitioner being asked whether it is appropriate to contact me and for my address.
7. I agree to this consent form and other data collected as part of this research study to be kept at University of York's Trials Unit.
8. I understand that records relating to me will be kept confidential. No information will be released or printed that would identify me without my permission unless required by law.
9. I agree to take part in the above study.

In addition to the above please initial one of the following boxes if you agree to being approached to take part in the interview for this study at 12 months. You can opt out of the interview which will not affect your participation in this study.

Yes No [Site record if N/A]

Name of participant (please print)

Date

Signature of participant

Name of person taking consent (please print)

Date

Signature of person taking consent

1 for participant; 1 (original) for Investigator Site File; 1 for medical notes; 1 for York Trials Unit



United Kingdom Frozen Shoulder Trial (UK FROST)
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