

Participant Consent Form – Main Trial
Lead Principal Investigator: Dr Karen Barker

Physiotherapy Rehabilitation for Osteoporotic Vertebral Fracture (PROVE)

Please initial in box

I confirm that I have read the information sheet for the above study. I have had the opportunity to consider the information, ask questions and had these answered satisfactorily.

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.

I consent for the PROVE team and the study physiotherapist to look at my medical records where these are relevant to osteoporosis and vertebral fracture

I understand that relevant sections of the data collected during the study may be looked at by individuals involved in the study, or from authorized individuals from the University of Oxford and the NHS Trust where it is relevant to my taking part in this research. I permit these individuals access to my records.

I consent to the research team holding the contact details I have previously sent them so that they can contact me for follow up information or if they need to check the information I have given them. I understand these details will be held securely and destroyed after a letter telling me the results of the study has been sent to me.

I agree to my GP being informed of my participant in the study

I am aware that the results of the study may be presented in research reports, scientific conferences and/or journals. However, the information I provide for the study will remain confidential.

I am aware that depending on the group allocation I will be requested to fill in patient exercise diaries and calendars throughout the duration of my participation in the trial.

I am aware that I will be contacted to give follow up information for this study; I will be sent postal questions (6, 9 months) invited to attend for study follow up (approximately at 4 and 12 months), complete monthly diaries (for 12 months) and telephoned at least twice. I am also aware that I may be invited to consider taking part in an interview study and give permission to be contacted for for this purpose.

I agree to take part in the above study

Name of Participant

Date

Signature

Name of Researcher

Date

Signature