

Informed consent for participation in the clinical trial

Peripheral nerveblocks for reduction of distal forearm fractures*Declaration from trial participant*

I have received both oral and written information and I know enough about aims, methods, gains and benefits of the trial to accept participation.

I know that participation is **voluntary** and that I may retract my consent at any given time without losing any current or future rights to treatment.

I give my consent to trial participation and have been given a copy of this informed consent form as well as a copy of the written trial information for my own use.

Participant name: _____

Date: _____ Signature: _____

Do you wish to receive information on the results of the trial and any impact it may have had on your treatment?

Yes _____ (tick X) No _____ (tick X)

Declaration from physician delivering information

I declare that the trial participant has received both oral and written trial information.

In my conviction sufficient information has been given to obtain an informed consent for trial participation.

Name of physician delivering information: _____

Date: _____ Signature: _____

Project identification numbers:

Danish Data Protection Agency: 1-16-02-875-17

The Central Denmark Region Committees on Health Research Ethics: 1-10-72-210-17