

Application of Internet+nursing intervention in  
postoperative rehabilitation of patients with lumbar disc  
herniation • Informed consent

Dear patient:

The doctor has diagnosed you with lumbar disc herniation. We will invite you to participate in a study, which is a general research project of the Education Department of Zhejiang Province, with project number KY-2023-190. The study protocol has been approved by the Human Research Ethics Committee of the Fourth Affiliated Hospital of Zhejiang University School of Medicine for clinical research.

Document signing date \_\_\_\_\_

## Informed Consent Form

Clinical research project name: Application of Internet plus nursing  
intervention in postoperative rehabilitation of patients with  
lumbar disc herniation

Project Undertaking Unit: Fourth Affiliated Hospital of Zhejiang University  
School of Medicine

Collaboration Unit: Fourth Affiliated Hospital of Zhejiang University School  
of Medicine

Task Book Number: Y202249290

### Consent Statement

I have read the above introduction about this study and have had the opportunity to discuss and raise questions with doctors regarding this research. All the questions I raised received satisfactory answers.

I am aware of the risks and benefits that may arise from participating in this study. I am aware that participating in the research is voluntary, and I confirm that I have

Sufficient time to consider this and understand:

- I can consult the doctor for more information at any time.
- I can withdraw from this study at any time without discrimination or retaliation, and my medical treatment and rights will not be affected.

I am also aware that if I withdraw from the study midway, especially due to medication reasons, informing the doctor of any changes in my condition and completing the corresponding physical and chemical examinations would be very beneficial for the entire study.

If I need to take any other medication due to changes in my condition, I will seek the advice of a doctor in advance, or tell the doctor truthfully afterwards.

I agree to allow the ethics committee of the drug regulatory authority or the representative of the sponsor to access my research materials.

I will receive a signed and dated copy of the informed consent form.

Finally, I have decided to agree to participate in this study and promise to follow medical advice as much as possible.

Patient Signature: \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

Contact Number: \_\_\_\_\_

I confirm that I have explained the details of this trial to the patient, including

their rights, potential benefits, and risks, and provided them with a signed copy of the informed consent form.

Doctor's Signature: \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

Doctor's work phone number: \_\_\_\_\_