Informed Consent Form:

” Treatment of ulcers associated with hammer, mallet and claw toe deformities in the diabetic patient setting”

Declaration from research participant:

I have received sufficient written and oral information regarding aim, method, advantages and risks to agree to participation in this project

I am conscious that participation is voluntary, and that I can always retract my consent, without giving up my current or future rights in relation to treatment.

I hereby consent to participation in this research project and have been offered a copy of the consent form and the written information regarding this project.

Research participants name: _____

Patient ID Number: _____

Date: _____ Signature: _____

If relevant health related information regarding, you is discovered during the course of the project you will be informed. If you do **not** wish to be informed, please mark with x here: _____

Do you wish to be informed on results of the project after conclusion of the project, and how it pertains to your treatment:

Yes _____ No _____

Declaration from investigator who supplied information:

I hereby declare that participant has received written and oral information pertaining to the project.

To the best of my knowledge the given information is sufficient for participant to make decision regarding participation in the project.

Name of the investigator that has given the information: _____

Date: _____ Signature: _____