

INFORMED CONSENT FORM

Patient consent form

Official Study Title:

Determination of the Degree of Dynamic Stability of the Foot in Single-leg Support in Relation to the Foot Posture Index in Judokas

NCT Number: *To be assigned*

Document Date: January 26, 2023

Ethics Committee Approval:

Catholic University of Valencia San Vicente Mártir
Protocol Code: UCV/2022-2023/111

Principal Investigator:

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Valencia, Spain

PATIENT CONSENT FORM

Study Title: Determination of the degree of dynamic stability of the foot in single-leg support in relation to the Foot Posture Index in judokas

Ethics Committee Approval: Catholic University of Valencia, Protocol UCV/2022-2023/111

Invitation to Participate

You are invited to participate in the study entitled "Determination of the degree of dynamic stability of the foot in single-leg support in relation to the Foot Posture Index in judokas." We therefore ask you to consent to your participation using the following document. Your decision is completely voluntary and does not need to be taken at this moment. Before deciding, you should read the information sheet as well as this study participation consent document, and any questions that arise will be clarified by the research team.

All data will be coded and processed in accordance with applicable data protection regulations and the approval of the Research Ethics Committee of the Catholic University of Valencia (protocol UCV/2022-2023/111).

Participant Information

Mr/Mrs: _____

Of legal age, ID number: _____

Address: _____

Participant Declaration

I hereby **DECLARE** that:

I have been informed of the characteristics of the study:

Yes ☐ No ☐

I have read the information sheet I have been given:

Yes ☐ No ☐

I have been able to make comments or ask questions and have had my doubts clarified:

Yes ☐ No ☐

I have understood the explanations given to me and what my participation in the study consists of:

Yes ☐ No ☐

I know how and whom to contact with questions about the study at present or in the future:

Yes ☐ No ☐

I have been informed of the risks associated with participation in the study:

Yes ☐ No ☐

I am aware that I do not meet any of the exclusion criteria for the study, and that if this changes during the course of the study I should inform the research team:

Yes ☐ No ☐

I confirm that my participation is voluntary:

Yes ☐ No ☐

I understand that I can revoke my consent at any time without having to give any explanation and without any negative impact on me:

Yes ☐ No ☐

Participant Consent

I CONSENT:

To participate in the study:

Yes ☐ No ☐

To have the data provided used for research purposes:

Yes ☐ No ☐

Use of the data provided in scientific publications:

Yes ☐ No ☐

Use of the data provided in scientific meetings and congresses:

Yes ☐ No ☐

Use of the data provided for teaching purposes:

Yes ☐ No ☐

To retain the coded data at the end of the study for use in future research, provided that the data are processed in accordance with this consent:

Yes ☐ No ☐

To contact me in the future for further data:

Yes ☐ No ☐

Participant Requests

I **REQUEST** to:

Access the overall results of the study:

Yes ☐ No ☐

Access information about me derived from the study:

Yes ☐ No ☐

Access scientific articles once they have been published:

Yes ☐ No ☐

The destruction of my data after the end of the study:

Yes ☐ No ☐

Include the following restrictions on the use of my data:

Signatures

And in witness whereof, I sign this document at the place and on the date indicated below:

Place: _____

Date: _____

Name and surname of the participant:

Signature: _____

Name and surname of the principal investigator:

Juan Carlos Parada Souto

Signature: _____