

Princess Margaret Hospital and Caritas Medical Centre
Department of Obstetrics and Gynaecology

Informed Consent Form

Study Title: Impact of Running Water Sound on Anxiety and Urodynamic Parameters: A Multi-Center Randomized Controlled Trial

I hereby agree to participate in this study.

I have carefully read the Participant Information Sheet. The investigator has explained the details of the study to me in full. I understand all the potential benefits and risks associated with this study. I have had the opportunity to ask questions of the investigator, and all my questions have been satisfactorily answered. I have received sufficient information regarding this study.

If I experience any physical discomfort or emotional disturbance as a result of participating in this study, the research team will provide treatment or refer me for appropriate care. Signing this consent form does not waive any of my legal rights.

I confirm by signing this consent form that all information I have provided is accurate and true. I understand that participation in this study is voluntary, and I may withdraw at any time without giving any reason, without affecting my current or future medical treatment or legal rights.

If I choose to withdraw from this study, I agree / disagree (please delete as appropriate) that the research team may continue to use the study data collected from me prior to my withdrawal.

I understand that authorized study personnel may review my medical records. I hereby authorize such personnel to access my medical records for the purposes of this study.

I understand that my identity will be kept confidential. I also permit the Clinical Research Ethics Committee and relevant regulatory authorities to directly review my study data for verification purposes, in accordance with applicable laws and regulations, and without compromising my privacy.

_____	_____	_____
Participant's Name	Participant's Signature	Date
_____	_____	_____
Investigator's Name	Investigator's Signature	Date