

Participant Consent Form

Validating neuro-navigated TMS stimulation in chronic SCI patients: a feasibility study towards a gene therapy for SCI.

IRAS Number: 320531

Chief Investigator: Mr Aminul Ahmed

Participant Identification Number for this trial:

- | | | Please
initial box |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1 | I confirm that I have read the information sheet (version 1 dated 28/02/2023) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="checkbox"/> |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. | <input type="checkbox"/> |
| 3 | I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the sponsor of the trial (King's College London/King's College Hospital NHS Trust and responsible persons authorised by the sponsor, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. | <input type="checkbox"/> |
| 4 | I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers. | <input type="checkbox"/> |
| 5 | I agree to my General Practitioner being informed of my participation in the study | <input type="checkbox"/> |
| 6 | I agree to be contacted about ethically approved future research. | <input type="checkbox"/> |
| 7 | I agree to take part in the above study. | <input type="checkbox"/> |

Name of Participant	Date	Signature

Name of Person taking consent	Date	Signature

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in medical notes.