

PATIENT CONSENT FORM

Study title: *Randomised Controlled Trial comparing Metatarsal Method of Transection using Bone Cutters or Bone Saw on Outcomes after Ray Amputation (MetaMet)*

I have read and understood the Information Leaflet about this research project. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that I don't have to take part in this study and that I can opt out at any time. I understand that I don't have to give a reason for opting out and I understand that opting out won't affect my future medical care.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am aware of the potential risks, benefits and alternatives of this research study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for researchers to look at my medical records to get information. I have been assured that information about me will be kept private and confidential.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have been given a copy of the Information Leaflet and this completed consent form for my records.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I consent to take part in this research study having been fully informed of the risks, benefits and alternatives.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give informed explicit consent to have my data processed as part of this research study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I consent to be contacted by researchers as part of this research study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FUTURE CONTACT [please choose one or more as you see fit]		
OPTION 1: I consent to be re-contacted by researchers about possible future research related to the current study for which I may be eligible.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OPTION 2: I consent to be re-contacted by researchers about possible future research unrelated to the current study for which I may be eligible.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

To be completed by the trial participant.

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Patient Name (Block Capitals)		Patient Signature		Date
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Translator Name (Block Capitals)		Translator Signature		Date
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Legal Representative/Guardian Name		Legal Representative/Guardian Signature		Date

To be completed by the Principal Investigator or nominee.

I, the undersigned, have taken the time to fully explain to the above patient the nature and purpose of this study in a way that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

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Name (Block Capitals)		Qualifications		Signature		Date

3 copies to be made: 1 for patient, 1 for PI and 1 for hospital records.