Consent form for study: Plantar Load Analysis of Neuropathic and Neuroischaemic Diabetes-Related Foot Ulceration (PLANE-DFU): Investigating Plantar Pressure and Shear in Neuropathic versus Neuroischaemic Diabetes-Related Foot Ulceration v1.0

Protocol modified from CTIMP Protocol Development Tool v1.2.

Title

Plantar Load Analysis of Neuropathic and nEuroischaemic Diabetes-related Foot Ulceration (PLANE-DFU): Investigating Plantar Pressure and Shear in Neuropathic versus Neuroischaemic Diabetes-Related Foot Ulceration

Short Title

Plantar Load Analysis of Neuropathic and Neuroischaemic Diabetes-Related Foot Ulceration

Acronym

PLANE-DFU

Identifiers

Identifier	Details
ClinicalTrials.gov NCT number	Not yet assigned
Unique Protocol ID	VS25/180008
IRAS ID	355867
REC reference	25/SC/0253
Protocol version	1.0
Document date	04 June 2025
Chief Investigator	Christopher Ashmore
Sponsor	Leeds Teaching Hospitals NHS Trust

CONSENT FORM

IRAS ID: 355867

Study Number: VS25/180008

Participant Identification Number for this trial:

Title of Project: PLANE-DFU Study

Name of Chief Investigator: Christopher Ashmore

Please initial box

1. I confirm that I have read the information sheet dated 04/09/2025 (version 1.1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

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. ☐

3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the PLANE-DFU research team, 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. ☐

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. ☐

5. I agree to my General Practitioner being informed of my participation in the study and I agree to my General Practitioner being involved in the study, including any necessary exchange of information about me between my GP and the research team. ☐

6. I agree to take part in the above study ☐

Name of Participant	Date	Signature

Name of Person seeking consent	Date	Signature

If you wish to be informed of the results of the study, please provide an email address here:

_____@_____