

” Sensory Neurography and S2PD: A Test–Retest Study ”

Informed Consent to Participate in the Study

I have received written information about the study. I have been given the opportunity to ask questions and have been informed that I may contact the designated study representative for further information.

☐ I hereby consent to participate in the study entitled “*Sensory Neurography and S2PD: A Test–Retest Study.*”

☐ I hereby consent to the processing of my personal data in accordance with the information provided in the participant information sheet.

Place and date

Signature

Printed Name

Telephone Number

Personal Identity Number
