

Study Number			

Consent Form

Please initial in the boxes if you agree

1. I confirm that I have read and understood the information sheet dated 20 November 2009 (Version 2.1) and have had the opportunity to ask questions and have had them answered satisfactorily.					
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or my legal rights being affected.					
3. I agree to complete ongoing questionnaires regard the duration of the study.	ding my knee for				
4. I agree to participate in ongoing clinical assessmenthe duration of the study.	ents of my knee for				
5. I agree to undergo x-rays for the purpose of the st	udy.				
6. I understand that responsible members of the TOI look at sections of my medical notes where it is research. I give permission for these individuals t records.	elevant to my taking	•			
7. I agree to my GP being informed of my participation in this study.					
8. I understand that my data may be accessed by responsible members of the University of Oxford for the purpose of monitoring or audit.					
9. I agree to take part in the above study.					
Full Name	DoB	(dd/mm/yyyy)			
Signed	Date	(dd/mm/yyyy)			
Name of Researcher					
Signed	Date	(dd/mm/yyyy)			

Copies: original copy - to researchers in Oxford; 1 copy- to participant; 1 copy- to be filed with hospital notes.

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