

CONSENT FORM

UK Study of tendo Achilles Rehabilitation

Participant ID: S T — —

Chief Investigator: Professor Matthew Costa

Please initial box

1. I confirm that I have read and understand the information sheet dated
(version) 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 routinely collected during the
study may be looked at by individuals from the University of Oxford, regulatory authorities and
participating NHS organisations, where it is relevant to my taking part in this study. I give
permission for these individuals to have access to my records. The study team will store all
information collected securely.

4. I understand that information held and managed by central UK NHS bodies may be used to
provide information about my health status where this is relevant to my taking part in this study.

5. I understand and agree that the study team will store my identifiable details in order to contact
me in future regarding this study (e.g. telephone/text/email). Identifiable details, including a copy
of the consent form, will be available only to the study team, other than for purposes of monitoring
or audit, and stored securely.

6. I give permission for my GP to be informed of my participation in the study.

7. I agree to take part in the above study.

Name of Patient

Signature

Date (dd/mm/yyyy)

Name of person taking consent

Signature

Date (dd/mm/yyyy)

Top original copy to be kept in the UKSTAR site file, one copy to be given to the patient, one copy to be sent to the UKSTAR trial office and one copy to be kept in the patient's medical notes.