



[Insert Hospital Logo]

## Consultee Declaration Form

### Participant Identification

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Number:

**Study title:** **Surgical fixation versus non-operative management for patients with stable thoracolumbar fractures: A feasibility study**

**Study Acronym:** Pragmatic Randomised Evaluation of Stable Thoracolumbar fracture treatment Outcomes (PRESTO)

Please initial  
each box

1. I confirm that I have read the Consultee Information Sheet [VX.X XXXXXXXX] and Participant Information Sheet [VX.X XXXXXXXX] 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 I understand that I can request he/she is withdrawn from the study at any time, without giving any reason and without his/her care or legal rights being affected.
3. I understand that if he/she regains capacity that they will have the option to either consent or withdraw themselves.
4. I understand that relevant sections of his/her medical notes and/or data collected during the study may be looked at by responsible individuals from the study team, the Sponsor, the NHS Trust, or from regulatory authorities; where it is relevant to their taking part in this research.
5. I understand that his/her information collected during the study may be used to support other research in the future and may be shared anonymously with other researchers.
6. I agree to their General Practitioner or other care professional being informed of their participation in the study and being advised of any significant information relating to their health that arises during the study.
7. I agree to this consultee declaration form and other data collected as part of this research study to be kept at York Trials Unit, University of York.
8. As a consultee, I understand that I have been asked about a relative/friend/patient's participation in this research project and in my opinion, they would wish to take part in this study.

 DD/MM/YYYY

Name of consultee (please print)

Date

Signature of consultee

Name of participant (please print)

Consultee relationship to participant (please print)

 DD/MM/YYYY

Name of person undertaking consultation  
(please print)

Date

Signature of person undertaking  
consultation

**When completed: 1 for consultee; 1 (original) for Investigator Site File; 1 to be kept in medical notes; 1 for York Trials Unit.**