

REC Reference 15/SC/0019

Chief Investigator: Dr Karen Barker

Participant Consent Form – Main Study**Community Based Rehabilitation after Knee Arthroplasty (CORKA)**

Name of Researcher: [Insert PI name]

Please initial
in each box

1. I confirm that I have read the Patient Information Sheet dated
Version for the above study. I have had the opportunity to consider
the information, ask questions and 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 consent for the CORKA team and the study physiotherapist to look at my
medical records where these are relevant to the total knee arthroplasty
surgery. ☐
4. I understand that relevant sections of my medical notes and data collected
during the study may be looked at by individuals from the University of
Oxford, 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. ☐
5. I consent to the research team holding the contact details I have previously
sent them so that they can contact me for follow up information or if they
need to check the information I have given them. I understand these details
will be held securely and destroyed after a letter telling me the results of the
study has been sent to me. ☐
6. I agree for a copy of my signed consent form to be sent and held at the
central Trials Office at University of Oxford. ☐
7. I agree to my GP being informed of my participation in the study. ☐
8. I am aware that the results of the study may be presented in research
reports, scientific conferences and/or journals. However, the information I
provide for the study will remain confidential. ☐

**Please initial
in each box**

9. I am aware that I will be contacted to attend a follow up appointment for this study at 6 and 12 months. That I will be asked to complete a diary regarding, exercise, medication and health care received. I am also aware that I may be invited to consider taking part in an interview study and give permission to be contacted for this purpose.
10. I understand that only if I meet the eligibility criteria post surgery that I will continue in the study.
11. I agree that in the unlikely event that a loss of capacity to consent occurs, the research team will retain data that has already been collected and continue to use it confidentially in connection with the purposes of the trial.

☐
☐
☐

Name of Participant

Date

Signature

Name of Researcher

Date

Signature