

CONSENT FORM

Effect of short-term negative energy balance on systemic biomarkers associated with osteoarthritic symptoms in early knee osteoarthritis patients.

Researchers:

Ms Rachel Deere	Tel: 01225 385918	email: R.Deere@bath.ac.uk
Dr Enhad Chowdhury	Tel: 01225 385428	email: E.Chowdhury@bath.ac.uk
Professor James Bilzon	Tel: 01225 383174	email: J.Bilzon@bath.ac.uk

Please initial box

1. I confirm that I have read the information sheet dated 13/10/2021 (version 2.0) 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 agree that my samples may be stored and used until all analysis for this study is complete.
4. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from within the research team at the University of Bath, from regulatory authorities 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 understand that damage caused during the equipment loan is covered by the Universities Insurance, however the University and Research team do not accept responsibility for any damage that may arise as a consequence of machine delivery and use (e.g., superficial damage to flooring and walls). Study enrolment will include an assessment of the practicality of delivering and housing the equipment in your home.
6. I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other researchers.
7. I agree for my personal details to be kept on file so I can be contact with information about future research.
8. I agree to take part in the above study.

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Person taking consent	Date	Signature

1 copy for participant; 1 copy for researcher