



Patient Identification Number for this trial:

CONSENT FORM

Title of Project: Development and testing of an FES bike for an experiment in functional recovery after spinal cord injury

Name of Lead Researcher: Sue Paddison

Please initial box

1. I confirm that I have read and understand the participant 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, and without my medical care or legal rights being affected.

3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals responsible for the research, 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.

4. I agree to take part in the Physiology (TMS-specific) measurements

5. I agree to my GP being informed of my participation in this study.

6. I would like to receive a copy of the summary of results from this study.

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

_____	_____	_____
Name of Patient	Date	Signature
_____	_____	_____

Name of Person taking consent	Date	Signature
-------------------------------	------	-----------

Forms: 1 for patient; 1 (original) for research site file; 1 to be kept in medical notes.