

# kat

Knee Arthroplasty Trial

## CONSENT FORM

### I have:

- Discussed the study with:
- Been given the Information Sheet about the study
- Received satisfactory answers to questions
- Been given enough information about the study

### I understand that:

- I am free to withdraw from the study at any time without having to give a reason
- If I withdraw, this will not affect my care
- My family doctor will be notified that I am taking part in the study
- My family doctor and the person I have nominated as my best contact may be approached for additional information
- I will be sent questionnaires three months and each year after my operation
- Information from my hospital notes and NHS information to do with my knee replacement may be collected

### I agree to take part in the study

Please sign here:

Your name in block capitals:

Date:

I confirm that I have explained to the person named above, the nature and purpose of the study and the procedures involved.

Signature of investigator:

Date:

Study Centre No

Patient Study No

*(For use by co-ordinating centre in Aberdeen)*