

Document type: *Informed Consent Form*

Title: *Muscle Strain in Multiple Sclerosis Patients Measured by Ultrasound Speckle Tracking Technique*

NCT number: *NCT03847545*

Date: *25th of January 2018*

Informed consent to participate in a health science research project

Title of the research project:

Muscle strain in multiple sclerosis patients measured by ultrasound speckle tracking technique (MUST)

Statement from the participant:

I hereby confirm that I have received sufficient written and oral information and I know enough about the purpose, method, as well as the advantages and disadvantages of participating in the project to be able to decide regarding participation.

I know it is voluntary to participate and that I can always withdraw my consent without losing my current or future rights to treatment.

I have received a copy of this consent form as well as a copy of the written information about the project, for my own use.

I hereby give my consent to participate in this health science research project

I hereby give consent for biological material to be extracted and stored in in connection with the project

Name of the participant: _____

Date _____ Signature: _____

Do you wish to be informed about the results of the research project if it is of significance for your health?

Yes _____ (mark with an x)

No _____ (mark with an x)

Statement from the person providing the information:

I hereby declare that the participant has received oral and written information about the experiment.

In my opinion, sufficient information has been provided to enable a decision about participation in the trial.

The name of the person who provided the information: _____

Date _____ Signature: _____

