

**CONSENT FORM**  
**(Final version 1.1: 25 March 2020)**

**Title of Study:** Molecular Pathways Involved in Knee Pain

**IRAS Project ID:** 275727

**Name of Chief Investigator:** Doctor Ana Valdes, Associate Professor and Reader

**Name of Participant:**

**Please initial box**

1. I confirm that I have read and understand the information sheet version number x.x dated xx/xx/xxxx 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. I understand that should I withdraw, then the information collected so far cannot be erased and that this information may still be used in the project analysis.

3. I understand that relevant sections of my medical notes and data collected in the study may be looked at by authorised individuals from the University of Nottingham, the research group, the NHS and regulatory authorities where it is relevant to my taking part in this study. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential.

4. I understand that synovial fluid will be taken from my knee joint.

5. I agree that the samples I have given and the information gathered about me can be stored by the University of Nottingham for possible use in future studies. I understand that my samples could be involved in the analysis and use of human DNA and may be shared with other centres that conduct medical research such as universities, research institutes or pharmaceutical companies. Any samples or data used will be anonymised, and I will not be identified in any way. **[OPTIONAL]**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

6. I agree to undertake the extra clinical assessment and take part in the sub-study. **[OPTIONAL]**

<input type="checkbox"/>	<input type="checkbox"/>
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7. I agree to be further contacted in the future to be informed about this or new research. **[OPTIONAL]**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

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

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature