**Consent Form**

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| --- | --- |
| **Title** | Influence of Prosthesis Alignment: Does Kinematic Alignment result in a more balanced Total Knee Arthroplasty? |
| **Short Title** | Verasense TKA: K vs M |
| **Project Sponsor** | Orthopaedic Research Institute of Queensland (ORIQL) |
| **Coordinating Principal Investigator/**  **Principal Investigator** | Dr Peter McEwen |
| **Associate Investigator(s)** | Dr Ben Parkinson  Dr Mike Reid  Dr Matthew Wilkinson  Andrea Grant  Dr Ryan Faruque |
| **Location** | (Insert Site Name) |
|  |  |

**Declaration by Participant**

I have read the Study Participant Information Form or someone has read it to me in a language that I understand. I understand the purpose, procedures and risks of the research described in the project and that I am free to withdraw at any time during the study without affecting my future health care.

I give permission for my Surgeon and this hospital to release information to ORIQL concerning my disease and treatment for the purposes of this project. I understand that such information will remain confidential and that the data will be stored in an identifiable format.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

Electronic Signature log of Participant: (please type name)

Electronic signature log of Witness: (please type name)

\* Witness signature is verification that they have witnessed the patient’s acknowledgment of understanding their involvement in research. It is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

**Declaration by Study Doctor/Senior Researcher**

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

X – Electronic signature log of Care team delegate.