***John Flynn Gold Coast Private Hospital***

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PATIENT CONSENT FORM

CLINICAL RESEARCH

**Title:** Impact of Pre and Post-operative Physiotherapy using a Digital Application on Clinical and Hospital Outcomes after Total Knee Arthroplasty

**Protocol Number:**

**Project Sponsor:** 360 Knee Systems

**Principal Investigator**: Dr David Liu

**Location:** Gold Coast Centre for Bone and Joint Surgery

I, ………………………………………………………………………………………

of……………………………………………………………………………………

agree to participate as a participant in the study described in the Patient Information Sheet set out above.

1. I understand that the researcher will conduct this study in a manner conforming to ethical and scientific principles set out by the National Health and Medical Research Council of Australia and the Good Clinical Research Practice Guidelines of the Therapeutic Goods Administration.
2. I acknowledge that this research has been approved by the Greenslopes Research and Ethics Committee.
3. I acknowledge that I have read the Patient Information Sheet, which explains why I have been selected, the aims of the study, the nature and possible risks of the investigation, and the information sheet has been explained to my satisfaction.
4. Before signing this consent form, I have been given the opportunity to ask any questions relating to any possible physical and mental harm I might suffer as a result of my participation and I have received satisfactory answers.
5. I acknowledge that I have been given time to consider the information and to seek other advice.
6. I acknowledge that refusal to take part in this study will not affect the usual treatment of my condition.
7. I understand that I can withdraw from the study at any time without prejudice to my relationship to the John Flynn Hospital and Dr. David Liu.
8. I agree that research data gathered from the results of the study may be published, provided I cannot be identified.
9. I understand that if I have any questions relating to my participation in this research, I may contact Dr David Liu on 07 5598 0205, who will be happy to answer them.
10. I acknowledge receipt of a copy of this Consent Form and the Patient Information Sheet.

*Complaints may be directed to Ms. Di Sapwell, Director of Nursing, John Flynn Private Hospital on 07 5598 9011 or Ethics Committee Secretary, Greenslopes Hospital on 07 3394 7322*

**Signature of Patient Please PRINT name Date**

***John Flynn Gold Coast Private Hospital***

Digital Pre-habilitation Consent Form Version 2, 17.4.17

REVOCATION OF CONSENT

CLINICAL RESEARCH

**Title:** Impact of Pre-operative Physiotherapy using a Digital Application on Clinical and Hospital Outcomes after Total Knee Arthroplasty

**Protocol Number:**

**Project Sponsor:** 360 Knee Systems

**Principal Investigator**: Dr David Liu

**Location:** Gold Coast Centre for Bone and Joint Surgery

I hereby wish to **WITHDRAW** my consent to participate in the study described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with the John Flynn Private hospital or my medical attendants.

**Signature of Patient Please PRINT name Date**

The section of Revocation of Consent should be forwarded to

 Dr David Liu

 Suite 8 A Fred McKay House, John Flynn Hospital

 Inland Drive, Tugun 4224

***John Flynn Gold Coast Private Hospital***

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