## Participant Consent Form

The Surgery Compared with Radiofrequency Ablation for Partial Wrist Denervation (SRAPiD) Trial

1. I, .................................................................................. of ............................................................

....................................................................................................................., aged ............ years,

agree to participate as a subject in the study described in the participant information statement attached to this form.

2. I acknowledge that I have read the Participant Information Statement, which explains why I have been selected, the aims of the study, and the nature and possible risks of the investigation. The statement has been explained to my satisfaction.

3. 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. I have received satisfactory answers to any questions that I have asked.

4. My decision whether or not to participate will not prejudice my present or future treatment, my relationship with the hospitalor any other institution cooperating in this study, or any person treating me*.* If I decide to participate, I am free to withdraw my consent and to discontinue my participation at any time without prejudice.

5. I agree that research data gathered from the results of the study may be published, provided that I cannot be identified.

6. I understand that if I have any questions relating to my participation in this research, I may contact Abhinav Aggarwal (principal researcher) at [info@handwrist.com.au](mailto:info@handwrist.com.au) who will be happy to answer them.

7. I acknowledge receipt of a copy of this Consent Form and the Participant Information Statement.

Signature of participant Signature of witness

Please PRINT name Please PRINT name

Date Date

Signature(s) of investigator(s)

Please PRINT Name

Date: