****

**Patient Consent form**

**Comparing Nail versus locking plate in displaced three-part proximal humerus fractures; A multi-centre randomized controlled trial (Otago PHINZ trial).**

**Principle investigator: Dr Zohreh Jafarian Tangrood**

**Name** ……………………………………………………………………

By signing my name in the box below I agree that

I have read and understood the Information Sheet concerning this study and can understand the aim of this research project.

I can keep the Information Sheet for future reference.

I have had sufficient time to talk with other people of my choice about participating in the study.

I confirmed that I meet the criteria for participation which are explained in the Information Sheet.

I have had the opportunity to ask questions and have received acceptable responses to my questions.

My participation in the study is entirely voluntary and I am free to withdraw from the project at any time without changing the quality of care that I receive.

I authorise access to my health records as described in the Information Sheet.

I can continue to ask questions at anytime regarding my participation in the study.

I know that will be randomly allocated in one of two surgical groups.

I am aware that I should not seek other treatment (e.g., acupuncture, shoulder injection, chiropractic), and if I do, I need to report it to the research team (for their records).

I know that I will be assessed at baseline, 3, 6, 12 and 24 months after surgery.

I know each assessment session will take 30 minutes to complete.

I understand that the results of the project may be published and be available in the University of Otago Library, and I agree that any personal identifying information will remain confidential between myself and the researchers during the study, and will not appear in any spoken or written report of the study.

I know that when the project is completed, all electronic files representing my Data will be kept in a data base in University of Otago and Christchurch hospital for 10 years.

I understand possible risks as explained in the Information Sheet.

I understand that there is no remuneration offered for the study and no commercial use will be made for the study.

I understand that if I put my name at the end of this form, it means that I agree to be in the study.

I also agree that my information may be used in the future.

I do not with that my information to be used for studies in the future.

Signature ……………………………………………….… Date ……………….

Following signature and return to the research team, this form will be stored in a secure place for 10 years.