CONSENT FORM
(Final version 1.1: 02.08.2017)

Title of Study: Identifying treatment responders to a topical non-steroidal anti-inflammatory drug (NSAID) or topical capsaicin in painful knee osteoarthritis: a pilot series of n-of-1 trials

Name of Researcher: Monica Persson

Name of Participant: **Please initial box**

1. I confirm that I have read and understand the information sheet final version number 2.1 dated 14.06.2017 for the above study and have had the opportunity to ask questions. ☐

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 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. Consent for storage and use in possible future research (Optional)
   I agree that the information gathered about me can be stored by the University of Nottingham, for possible use in future studies. I understand that some of these studies may be carried out by researchers other than the current team who ran the first study, including researchers working for commercial companies. Any data used will be anonymised, and I will not be identified in any way. ☐

5. I understand that information about me recorded during the study will be kept in a secure database. If the data is transferred to others it will be made anonymous. Data will be kept for 7 years after the results of this study have been published. ☐

6. I agree to comply with the reasonable instructions of the supervising investigator and will notify her immediately of any unexpected unusual symptoms or deterioration of health. ☐

7. I authorise the investigators to disclose the results of my participation in the study, but not my name ☐

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

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent	Date	Signature

2 copies: 1 for participant, 1 for the project notes