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UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

Ultrasound Imaging of Myofascial Trigger Points: Characterisation and Response to Conservative Interventions

Consent Form for Participants

Tick each statement that you agree with:

- ☐ I have been given a full explanation of this project and have had the opportunity to ask questions.
- ☐ I understand what is required of me if I agree to take part in the research.
- ☐ I understand that participation is voluntary, that I may decline or stop at any time, and that this will have no effect on my relationship with the researchers or the University of Canterbury.
- ☐ I understand that I may withdraw at any time up to two weeks after my last session, and that all of my information will then be deleted. I understand that after this time my de-identified recordings and data may be placed in the public archive, and that they can then no longer be withdrawn or deleted.
- ☐ I understand that my consent form is the only research record that identifies me (apart from a separate gift card register kept for IRD purposes), that it will be stored securely and separately from my questionnaire, recordings, and data, and that it will be destroyed 10 years after the project ends.
- ☐ I understand that any published or reported results will not identify me.
- ☐ I understand that ultrasound video of my muscles will be placed in a public archive indefinitely.
- ☐ I understand the risks associated with taking part, and how they will be managed. I understand that the research team does not provide any treatment, and that any treatment I receive is provided by my own clinician as part of my usual care.
- ☐ I agree to ultrasound video recording of my muscles. I understand how this recording will be stored and used.
- ☐ (for follow-up participants only) I agree to the research team using my name, email address, and referring clinic, recorded below, to contact me about a post-treatment follow-up ultrasound recording session.
- ☐ I understand that I can contact the researcher or supervisor (Donald Derrick donald.derrick@canterbury.ac.nz, or Sibi Walter, sibiboycott.noelwalter@canterbury.ac.nz) for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Research Ethics Committee, Private Bag 4800, Christchurch, (email: human-ethics@canterbury.ac.nz).
- ☐ I would like a summary of the results of the project.
- ☐ I understand that Donald Derrick invented the ultrasound post-processing technique used in this research, that it is the subject of patent filings, and that he has declared his conflict of interest to the Human Research Ethics Committee.
- ☐ By signing below, I agree to participate in this research project.

Name: _____ Signed: _____ Date: _____

Email address *(for gift card, report of findings, and follow-up contact)*: _____

Referring clinic (follow-up participants only): _____

Please return the form by email or by hand