**Consent Form (A)**

**Study title**: Investigating the processes of an EEG-based neurofeedback device in people with central neuropathic pain after a spinal cord injury

**Researcher name**: Krithika Anil

**NHS Ethics Reference:** 234857 **University of Southampton Ethics Reference**: 29852

**Please initial the boxes**

Please read the following carefully, and then **initial the adjacent boxes** if you agree:

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| 1. I have read and understood the participant information sheet *PISA.8 dated 03.07.2018* and have had the opportunity to ask questions about the study. |
| 1. I agree to take part in this research project and agree for my anonymised data to be used for the purpose of this study, for pseudo-anonymised data to be shared with Stoke Mandeville Hospital and for anonymised data to be shared with the University of Glasgow. |
| 1. I agree for my anonymised data to be shared with **any current or future** collaborators or third parties (excluding the University of Glasgow and Stoke Mandeville Hospital) to be used for research purposes (you may still take part in this study if you do not consent to this; please refer to the information sheet *PISA.8 dated 03.07.2018* for information of current collaborators). |
| 1. I understand my participation is voluntary, and I may withdraw at any time for any reason without my rights being affected. |
| 1. I understand that my interview will be audio recorded, and direct written quotations may be published without revealing my identity. |
| 1. I understand my responses will be anonymised in reports of the research. |
| 1. I give permission to be contacted by phone/text/email during the study period. |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant ID |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant’s name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Researcher’s name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |