**Consent Form (B)**

**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**: 30254

**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 information sheet *PISB.7 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 data to be used for the purpose of this study, and 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 *PISB.7 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 medial or legal rights being affected. |
| 1. I understand that sections of my medical notes may be looked at by the research team and the regulatory authorities where it is relevant to my taking part in the research. I give my permission for members of the research to have access to my records only for the genuine purposes for this study. |
| 1. I understand that my interview will be audio recorded and direct quotations may be published without revealing my identity. I understand my responses will be anonymised in reports of the research. |
| 1. I give permission for my GP to be notified of my participation. |
| 1. I give permission to be contacted during the study period. |
| 1. I understand that I may have a trusted other to do all related written work (including this consent form) on my behalf (see information sheet *PISB.7 dated 03.07.2018* regarding a trusted other’s role). |

(Please turn page over to sign)

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant ID |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant’s name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Trusted other’s name  (Only use if participant is not signing themselves) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Researcher’s name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |

***One copy to the participant, one copy to the researcher, one copy for participant’s notes***