**CONSENT FORM**

**Study title**: Assessing the structural and functional response of skin to representative mechanical loads.

**Researcher name**: Pakhi Chaturvedi

**ERGO number**: 71825

Participant Identification Number (if applicable*):*

***Please initial the box(es) if you agree with the statement(s):***

|  |  |
| --- | --- |
| I have read and understood the information sheet (9.3.2022*/Version 1*) and have had the opportunity to ask questions about the study. |  |
| I agree to take part in this research project and agree for my data to be used for the purpose of this study. |  |
| I understand my participation is voluntary and I may withdraw (at any time) for any reason without my participation rights being affected. |  |
| I understand that should I withdraw from the study then the information collected about me up to this point may still be used for the purposes of achieving the objectives of the study only. |  |
| I understand that information collected about me during my participation in this study will be stored on a password protected computer and that this information will only be used for the purpose of this study. All files containing any personal data will be made anonymous. |  |
| I understand that if I find the electric shaver too uncomfortable the experiment can be stopped immediately. |  |
| I understand that a photograph will be taken of the skin area highlighted during the experiments. I understand that there will be no personal identifying features included in the image. |  |
| I understand that the data collected in this study will be available to other research collaborators within the STINTS programme.  |  |

Name of participant (print name)……………………………………………………………………………

Signature of participant……………………………………………………………………………………….

Date……………………………………………………………………………………….. ………………….

Name of researcher (print name)……Pakhi Chaturvedi…………….……………………………………

Signature of researcher ……………………………………………………………………………………….

Date………………………………………………………………………………………………………………..