**CONSENT FORM**

**Study title**: Acute effects of force and vibration on finger blood flow and finger temperature

**Researcher name**: Shuxiang Gao

**ERGO number**: 55633

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 (2020-10-30/ V2 of the participant information sheet) 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. |  |
|  |  |

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

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

Date…………………………………………………………………………………………………………………

Name of researcher (print name) ……………………………………………………………………………

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

Date…………………………………………………………………………………………………………………

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