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**Consent Form -** *Adult providing own consent*

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| --- | --- |
| **Title** | Virtual Reality pain psychology therapy as non-pharmacological analgesia for cancer-related chronic neuropathic pain  |
| **Short Title** | VR therapy for cancer-related chronic neuropathic pain |
| **Protocol Number** | 1 |
| **Project Sponsor** | South Western Sydney LHD |
| **Coordinating Principal Investigator/****Principal Investigator** | Conjoint A/Professor Alwin Chuan |
| **Associate Investigator(s)** | Dr Wei ChuaMr Howard Chow |
| **Location**  | Liverpool Hospital |

**Declaration by Participant**

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

I give permission for my doctors, other health professionals, hospitals or laboratories outside this hospital to release information to Liverpool Hospitalconcerning my disease and treatment for the purposes of this project. I understand that such information will remain confidential.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without affecting my future health care.

I understand that I will be given a signed copy of this document to keep.

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|  |
|  | Name of Participant (please print) |  |  |  |  |
|  |
|  | Signature |  |  Date |  |  |
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**Declaration by Study Doctor/Senior Researcher†**

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

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|  |
|  | Name of Study Doctor/Senior Researcher† (please print) |  |  |
|  |  |
|  | Signature |  |  Date |  |  |
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† A senior member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.