**Consent Form to Participate in Randomised clinical trial of Wrist Arthrodesis with and without the Carpometacarpal Joint.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name of participant)*

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(address)*

have been asked to consent to my participation in a research project entitled:

**Randomised clinical trial of wrist arthrodesis with and without the carpometacarpal joint**

In relation to this study I have read the Patient Information Sheet and have been informed of the following points:

* + 1. Approval has been given by the Calvary Hospital Bruce Ethics Committee.
		2. The aim of the study is to determine if it is better (or worse) to include the carpometacarpal joint in total wrist fusion.
		3. The results obtained from the study may or may not be of direct benefit to my medical management.
		4. The study procedure will involve me being randomized to a wrist fusion with or with inclusion of the carpometacarpal joint.
		5. As part of the study it is intended that my surgery type will be concealed from me so that I can respond based on symptoms alone.
		6. Possible adverse effects or risks related to this study include those specific to wrist fusion which I have discussed with my surgeon.
		7. Should I have any problems or queries about this study, and I do not feel comfortable contacting the research staff, I am aware that I may contact the ACT Health Human Research Ethics Committee Secretariat, Canberra Hospital, Yamba Drive, Garran ACT 2605 (ph: 6174 7968)
		8. I can refuse to take part in this project or withdraw from it at any time without affecting my medical care.
		9. Participation in this project will not result in any extra medical or hospital costs to me.
		10. I understand that while the results of the research will be made accessible, my identity will not be revealed.
		11. In giving my consent, I acknowledge that the relevant Health Directorate Officials, the Australian National University, and the Clinical Trial Centre Staff directly involved in the study, may examine my medical records only as they relate to this project.

After considering all these points, I accept the invitation to participate in this study.

**Name:** (please print) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature** (Participant) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Investigator:** (please print) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature** (Investigator) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**