**Faculty of Health Science and Sport**

University of Stirling

Stirling, FK9 4LA

Telephone: 07746 048 035

Email: c.a.reno@stir.ac.uk

# **Delphi Study Participant Consent Form**

REC Reference Number: 24/SS/0071 Participant number: [*Administrative Only*]

**Research Project Title**: Extracorporeal shock wave therapy as a treatment intervention for chronic adhesive capsulitis: a mixed methods pilot study.

|  |  |
| --- | --- |
| ***Please initial box*** | YES |
| I confirm that I have read the information sheetdated [10/01/2025] for the above study. I have had the opportunity to consider the information, ask questions and havehad these answered satisfactorily. |  |
| I understand that my participation is voluntary and that I am free to withdraw at any time during the study and withdraw my data within two weeks without giving a reason, and without any penalty.  |  |
| I understand that beyond 12 weeks when data analysis has started it may not be possible to remove my data from the study. |  |
| I understand I will not be identifiable in any study materials, reports or papers published from the study. |  |
| I understand that I will not benefit directly from participating in this research. |  |

|  |  |  |
| --- | --- | --- |
| ***Please initial box*** | YES | NO |
| I understand that my responses will be anonymous with respect to other participants. That is, other members of the panel will not know which responses are mine. I give permission for members of the research team to have access to my responses.  |  |  |
| I agree for the anonymous research data to be kept in University of Stirling’s secure database for up to 10 years and then will be securely destroyed, with the final research reporting and results stored in University of Stirling dataSTORRE. |  |  |

|  |  |
| --- | --- |
| ***Please initial box*** | YES |
| I agree to take part in this study. |  |

**Name of Participant Signature:**

**Date:** Click here to enter a date

**Name of Researcher Signature:**

**Date:** Click here to enter a date