

**SIMON FRASER UNIVERSITY**

**INFORMED CONSENT FORM REGARDING PARTICIPATION IN THE STUDY**

**Upper Trapezius Recruitment with a Repetitive Upper Limb Task**

**Participants with Neck Pain**

The University and those conducting this project subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort and safety of subjects. This form, the information it contains, and the accompanying information form are given to you for your own protection and so that you will have full understanding of all procedures. Your signature on this form signifies that you have received a document which describes the procedures as well as possible risks and benefits of your participation, that you have received adequate opportunity to consider the information in the document, and that you voluntarily agree to participate in the study.

Having been asked by Marj Belot of the School of Kinesiology of Simon Fraser University to participate in a research study, I confirm I have read the procedures described in the attached document “Participant Information”, I understand the procedures to be used in this study as well as the potential risks and benefits associated with my participation. I have also read and understood Appendix A regarding the independent relationship of the researcher to any non-SFU facilities in which data collection may be taking place and that I am covered by SFU Liability Insurance should accidental injury to me or accidental damage to the facility occur. I also understand I must return the “Medical Release Form” provided, signed by my doctor and me in order to participate in this study and that I may withdraw my consent to participate in this study at any time.

I understand that I may register any complaint I may have regarding my participation with Dr. Hal Weinberg, Director Office of Research Ethics at hal\_weinberg@sfu.ca.

I have been informed that the confidentiality of my personal information, including contact information and data that I provide to the study will be maintained by the principal investigator, Marj Belot. I understand that confidentiality is assured only to the extent allowed by the law.

I may obtain results of this study by contacting Marj Belot at:

a. email: mbelot@sfu.ca

b. phone: 604-722-6028

c. mail to: M. Belot care of Dr. David Goodman K9644 SFU School of Kinesiology, Faculty of Applied Sciences 8888 University Dr. Burnaby, BC V5A 1S6

**RE STUDY PARTICIPATION**

I agree to participate in the study as described in the “Participant Information” document described above at a time to be arranged. The session will be carried out at The Injury Prevention and Mobility Lab and Motor Behaviour and Learning Lab at Simon Fraser University.

**NAME (please print or type legibly):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **WITNESS** \_\_\_\_\_

**DATE:** \_\_\_\_\_

ONCE SIGNED, A COPY OF THIS CONSENT FORM AND A SUBJECT FEEDBACK FORM SHOULD BE PROVIDED TO THE SUBJECT

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**REGARDING DRAW**

A. I **agree** to have my name entered into a draw for one of two \$200 prizes to take place within 2 weeks of the completion of data collection (the date of completion is estimated to be June 15, 2009 but the actual date of completion will be posted at the website for the study which is <http://www.sfu.ca/whiplashstudy>). Once the draw has taken place and winners have been contacted an announcement will be posted on the study website at the address above.

You may send updated contact information to the researcher as per the contact information above, up to the date of the draw.

If my name is selected, one of the researchers will attempt to contact me within 24 hours of the draw as per the contact information below and I will be given \$200 cash or cheque.

Name \_\_\_\_\_

Signature \_\_\_\_\_

B. I **do not** wish to have my name entered into a draw.

Name \_\_\_\_\_

Signature \_\_\_\_\_

.....

Name \_\_\_\_\_

Contact Information for Draw \_\_\_\_\_

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