

Evaluation of computer-assisted data extraction from plots

If you are happy to participate, please complete this consent form and return to Fala Cramond (f.cramond@imperial.ac.uk, 4th Floor Pain Research Group, Imperial College London, Chelsea and Westminster Hospital, 369 Fulham Road, London, SW10 9NH)

	Yes	No
I have read and understood the information leaflet about the research	<input type="checkbox"/>	<input type="checkbox"/>
I agree to undertake the evaluation and fill in the subsequent questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
I understand that if any of my words are used in reports or presentations they will not be attributed or traceable back to me	<input type="checkbox"/>	<input type="checkbox"/>
I understand that participation is voluntary	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I can withdraw from the project at any time, and that if I choose to do this, any data I have contributed will not be used	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I can contact Fala Cramond at any time	<input type="checkbox"/>	<input type="checkbox"/>
I understand that the results will be shared with our collaborators and funding bodies	<input type="checkbox"/>	<input type="checkbox"/>

Name _____

Signed _____

Date _____

Researcher's name _____

Signed _____