

Physical Activity Patterns after Knee Arthroplasty (PAPrKA)

Consent Form

To take part in the study you will need to provide your consent. Please read carefully the consent items and click Yes or No for each one.

Required items: You must agree to consent items 1 to 9 to take part in the PAPrKA study.

	Activities	
1	I confirm that I have read the <u>Participant Information Sheet</u> (PIS) <<hyperlink the underlined text>> (Version 4.0 Date 25/04/25) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	<p>I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself.</p> <p>I understand that it will not be possible to remove my data from the project dataset once the key that links my name and contact information with my participant ID has been broken.</p> <p>I agree to take part on this basis.</p>	
3	<p>I understand my involvement in this study involves:</p> <ul style="list-style-type: none"> ▪ Setting up a study account on the PAPrKA website. ▪ Completing up to 4 tasks in the PAPrKA Website. 	
4	<p>I give permission for the study team to collect my historical physical activity data stored with Fitbit, Apple Health, Oura Ring and or Garmin</p> <p>This means the PAPrKA team will collect any data available between 01st July 2016 and 31st December 2024.</p>	
5	<p>I understand that creating the joined research dataset will involve:</p> <ol style="list-style-type: none"> 1. The PAPrKA team sending my name, date of birth, NHS number, sex and postcode to the National Joint Registry (NJR). 2. The NJR looking to see if I am in the Registry. If I am in the Registry, they will add a copy of my knee replacement information in their secure portal for the PAPrKA study team to access. 3. The PAPrKA study team joining my physical activity and survey information to my knee replacement information in the NJR secure portal. <p>I give permission for my information to be shared, accessed, and joined.</p>	
6	<p>I give permission for the PAPrKA team to:</p> <ol style="list-style-type: none"> i. Access my knee replacement information from the NJR <<page 10 in the PIS>> ii. Access my information from NHS England held at NJR <<page 11 in the PIS>> iii. Work with NJR researchers to analyse the joined research dataset. 	
7	I agree that any data collected may be included in anonymous form in publications, academic theses, dissertations, or conference presentations.	

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8	I understand that data collected during the study may be looked at by individuals from the University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.	
9	I agree to take part in this study.	

Optional items: You may take part in the PAPrKA study without agreeing to consent items 10-14.

10	I agree my information (physical activity, survey data and demographic data) being held at the University of Manchester, can be used by other researchers, to answer research questions over and above those for the PAPrKA study. I agree on the basis that only pseudonymised data will be shared and where there are data protection measures in place to ensure the confidentiality of the data.	
11	I would like to take part in the prize draw I understand that my full name and email address will be passed to the University's Finance team for the sole purpose of sending me the Amazon voucher , If I agree to take part in the prize draw and win.	
12	I agree that the researchers may contact me in future about other research projects.	
13	I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study.	
14	I agree that the researchers may send me the quarterly newsletter. I understand this means I will be added to the PAPrKA mailing list.	

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.

By signing this consent form, I declare that I have provided accurate identity details (full name and electronic signature).

Please check your responses carefully before you submit

First name

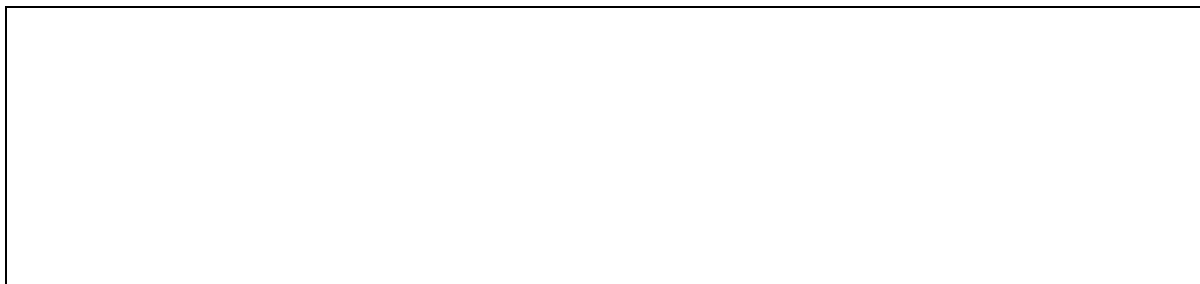
Last name

Date

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Sign here

Please draw or type your signature in the box below and press the Save button. *Drawing or typing your signature is the same as signing a paper form with a pen.*

A large, empty rectangular box with a thin black border, intended for a signature.

One copy for the participant and one copy for the PAPrKA study file.