STANFORD UNIVERSITY Research Information Sheet

Protocol Director: *Stuart Goodman, MD*

IRB Use Only
Approval Date: June 30, 2018
Expiration Date: June 30, 2019

Protocol Title: Outcome of Total Joint Arthroplasty

Please check all that are applicable:

☐ I am an adult participant in this study.

Print your name here:

_____

☐ I am the parent or guardian granting permission for a child in this study (the use of "you" refers to "your child" or "your ward.")

Print child's name here:

_____

DESCRIPTION: You are invited to participate in a research study on the outcomes of Total Joint Arthroplasty (TJA). If you choose to participate, your health information related to your TJA, such as basic demographics (date of birth or death, name, email, insurance information), surgical details(including diagnoses, procedures, dates of service, admission, and discharge), x-rays, related physical examination records, and the answers to self-report questionnaires will be recorded in a secure database system. The purpose of this database is to track your progress and the progress of other TJA patients to answer TJA research questions. The surveys are used for both research and for quality purposes, and are sent to both the California and the American Joint Replacement Registries. You will be asked to answer questionnaires prior to your surgery, and again 3 months, 1 year, and every other year after your surgery for the lifetime of the implant. You will receive the questionnaires via email, or on paper or a tablet upon entering the clinic for an appointment with your surgeon. You may opt out of receiving emails, or choose to not receive them at all.

TIME INVOLVEMENT: Your participation will take approximately 15-20 minutes.

RISKS AND BENEFITS: There are no risks associated with this study. The benefits which may reasonably be expected to result from this study are that your surgeon will be able to better track the progress of TJA patients, thus improving the quality of care of TJA patients, and advancing the field of Total Joint Arthroplasty. We cannot and do not guarantee or promise that you will receive any benefits from this study. Your decision whether or not to participate in this study will not affect your care.

PAYMENTS: You will not receive payment for your participation.

SUBJECT'S RIGHTS: If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The alternative is not to participate. You have the right to refuse to answer particular questions. Your individual privacy will be maintained in all published and written data resulting from the study.

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CONTACT INFORMATION:

Questions: If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Protocol Director, Dr. Stuart Goodman, (650) 721-7662.

Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at (650)-723-2480 or toll free at 1-866-680-2906. You can also write to the Stanford IRB, Stanford University, 3000 El Camino Real, Five Palo Alto Square, 4th Floor, Palo Alto, CA 94306.

Appointment Contact: If you need to change your appointment, please contact the clinic appointment line at (650) 723-5643.

Please print a copy of this page for your records

Do you agree to allow us to use these questionnaires and your health information related to your Total Joint Arthroplasty for research purposes?

O Yes O No