Human Informed Consent Form

Instructions to the Student Researcher(s): An informed consent/assent/permission form should be developed in consultation with the Adult Sponsor, Designated Supervisor or Qualified Scientist.
This form is used to provide information to the research participant (or parent/guardian) and to document written informed consent, minor assent, and/or parental permission.

- When written documentation is required, the researcher keeps the original, signed form.
- Students may use this sample form or may copy ALL elements of it into a new document.

If the form is serving to document parental permission, a copy of any survey or questionnaire must be attached.

Student Researcher(s): Ritvik Yaparpalvi

Title of Project: Evaluating TIMP as a form of Upper Limb Function Rehabilitation

I am asking for your voluntary participation in my science fair project. Please read the following information about the project. If you would like to participate, please sign in the appropriate area below.

Purpose of the project: To find the effectiveness of TIMP as a form of upper limb rehabilitation. This study seeks to assess the improvement in overall upper lib movement, sensory motion, and well being in patients recovering from impairment of upper limb mobility.

If you participate, you will be asked to:

Participants will be asked to follow the schedule of attending 3 therapy sessions per week. During the sessions, patients will be asked to actively participate in the specified TIMP exercises.

Time required for participation:

6 week study, 2-3 sessions/week

Potential Risks of Study:

In this study and interventions, there is a very slight chance of risk. Potential risks of the sessions can be discomforts or the possible slight pain during the musical exercises of the limb.

Benefits:

Benefits may include an improvement in overall upper limb movement, sensory motion, and well-being in patients recovering from impairment of upper limb mobility.

How confidentiality will be maintained:

Identifiable information will be collected. However, most parts of the information will be anonymous. Data will have already been stored in the database of the nursing home regarding private information.

If you have any questions about this study, feel free to contact:

Adult Sponsor/QS/DS: Mrs. Diana Evangelista Phone/email: (914) 295-5932/Devangelista@ardsleyschools.org

Voluntary Participation:

Participation in this study is completely voluntary. If you decide not to participate there will not be negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question.

By signing this form I am attesting that I have read and understand the information above and I freely give my consent/assent to participate or permission for my child to participate.

Adult Informed Consent or Minor Assent Date Reviewed & Signed: (mm/dd/yy) _____

Research Participant Printed Name: _____ Signature: _____

Parental/Guardian Permission (if applicable) Date Reviewed & Signed: (mm/dd/yy) _____

Parent/Guardian Printed Name: _____ Signature: _____