

## Attachment D: informed consent participant

Belonging to

### Effectiveness of the Myosuit to improve gait in people with incomplete spinal cord injury

- I have read the information letter. I was also able to ask questions. My questions were answered adequately. I had enough time to decide if I wanted to participate.
- I understand that participating is voluntary. I also understand that I can decide not to participate in the study at any time. Or to leave the study. I do not have to explain why I want to leave the study.
- I give the researcher permission to inform my treating specialist that I am participating in this study.
- I give the researchers permission to collect and use my data. The researchers will only use my data to answer the research question of this study.
- I understand some people may have access to all my data to monitor the study. These people are mentioned in the information letter. I give these people permission to access my data to monitor the study.
- Would you please check 'yes' or 'no' in the table below?

I give consent to store my data for use in other research, as stated in the information letter.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give consent that I may be contacted to ask if I would like to participate in a follow-up study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- I want to participate in this study.

My name is (participant): .....

Signature: .....

Date : \_\_ / \_\_ / \_\_

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I declare that I have fully informed this participant about the study.

If any information arises during the study that may affect the participant's consent, I will inform the participant in time.

Name researcher (or its representative):.....

Signature:.....

Date: \_\_ / \_\_ / \_\_

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*The participant will receive a complete information letter, along with a signed version of the informed consent*