Title: Home-based EEG neurofeedback to reduce neuropathic pain, a cohort clinical trial.

Research team Lead, Chief Investigator:
Research team Lead, Co-Principal Investigator:
Research Co-investigator:
Supervising Clinician:
Research Assistant:
Participant Identification Number: ☐

Please read the following questions and add Yes into the box and your initials next to the box to indicate your consent.

I confirm that I have read the Participant Information Sheet Version 1.0 dated 22.06.2022 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and without my medical care or legal rights being affected. ☐

I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from regulatory authorities and from XXXX if it is relevant to my taking part in this research. I give permission to these individuals to have access to my medical records for this purpose. ☐

I understand and agree that my personal identifiable data will be collected by the Research team at XXX in order to enable me to take part in this trial. I understand that this data will be stored safely and securely with the clinical trial diary and personal identification numbers in an Excel Workbook on the research repository system of the IT Cloud server at XXX. This workbook will also be stored in the cloud storage service used by the industry partner, Exsurgo Ltd. ☐

I understand that any identifiable data will be stored for a maximum of 3 years post trial in line with hospital policy. After this time, any data stored by Exsurgo Ltd will be anonymised in accordance with GDPR requirements. ☐

I understand and agree that anonymised data collected during the study may be looked at by the research team at XXX and the Industry project partner, Exsurgo Limited. ☐

I understand and agree to my General Practitioner and any other doctors currently involved in my care to be informed of my participation in this study. ☐

I agree to take part in this research study. ☐

Name of participant: ……..

Signature of participant:……..Date:…….

Name of Research team member: ……

Signature of Research team member: ……Date:……

When completed and signed, a copy of this consent form will be provided to the participant and one copy will also be saved and stored in the research repository system of the XXX IT cloud server.