

Consent Form for Participation in a Research Study

Riphah College of Rehabilitation and Allied Health Sciences, Islamabad

This research study....., is going to held in **Physical therapy department of Railway General Hospital, Rawalpindi, Pakistan.**

After recruitment of the subjects, evaluation of each participant will be done including subjective and objective examination. (-----Explian it-----

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All data collected from you will be coded in order to protect your identity, and should not be disclosed to anyone. Following the study there will be no way to connect your name with your data. Your answers to the questions will not affect the quality of treatment given to you.

If you have any questions or concerns about this study or if any problems arise, please contact (Dr -----) at, **Riphah College of Rehabilitation and Allied Health Sciences**, Islamabad at **092512891835, ext. 1198**. If you have any questions or concerns about your rights as a research participant, please contact the Riphah College of Rehabilitation and Allied Health Sciences Review Board at 092512891835, ext. 1198.

Your participation in this research study is voluntary. You may choose not to participate and you may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study.

In the unlikely event of injury resulting from this research, Riphah College of Rehabilitation and Allied Health Sciences, Islamabad is not able to offer financial compensation nor to absorb the costs of medical treatment. However, assistance will be provided to research subjects in obtaining emergency treatment and professional services that are available to the community generally at nearby facilities.

My signature below acknowledges my consent to voluntarily participate in this research project. Such participation does not release the investigator(s), sponsor (s) or granting agency (ies) from their professional and ethical responsibility to me.

I have read this consent form and have been given the opportunity to ask questions. I give my consent to participate in this study.

Participant's signature _____ Date: _____