

CONSENT FOR MEDICAL ASSESSMENT

I (full name/ and surname) _____, hereby consent to a medical history, and physical examination, and if necessary, the taking of a urine sample for testing (biochemical), and the taking blood samples for medical tests. I also give consent to undergo exercise testing and special investigations (such as X Rays, Ultrasound scan, and MRI scan) should these be required.

A doctor will counsel me regarding the consequences of any abnormalities found in the medical history, physical examination, or special investigations. The results of all the tests are strictly confidential and only the technical, medical and scientific personnel of the Institute of Sport and Exercise Medicine (ISEM) will be granted access to the results. The results of the tests will not be released to any other party without your written permission. Your personal information and response to the medical questionnaire will be protected by the storing of your information in a secure manner.

I hereby authorize Professor Wayne E Derman and his designated medical staff at ISEM to undertake the medical history, physical examination, urine and blood screening, and any other special investigations that I should require (i.e., exercise testing, ultrasound, X-Rays). The nature of these tests has been explained to me (potential risks and benefits). I also understand that at any stage, I am free to withdraw from the medical assessment.

 I consent. I do not consent.

Additionally, you are being invited to consent to your clinical information, results of special investigations and images to be included and stored in the Living Lab database for future research purposes in the field of sports/exercise medicine. I understand my data will be de-identified (no details that can identify me) and stored on a database in secure location.

 I consent. I do not consent.

I would like to contact me in the future if further follow up studies are planned:

 YES NO

Please ask Professor Derman or ISEM staff any questions about any part of this document that you do not fully understand. It is very important that you are satisfied that you understand what this database involves. Also, your participation is entirely voluntary and you are free to refuse to take part. If you say no, this will not affect your treatment at all. You are also free to withdraw your information from the database at any point, even if you do agree to take part initially. This database has been approved by the Health Research Ethics Committee at Stellenbosch University (ID 18704; N° B20/10/005) and information will be kept according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

saam vorentoe • masiye phambili • forward together

RIGHTS OF PARTICIPANTS:

You have the right to decline answering any questions and you can exit the survey at any time without giving a reason. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a participant, contact Mrs Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

If you have any questions or concerns, please feel free to contact Dr Josu Gomez-Ezeiza [josu@sun.ac.za; 021 938 9439] or Mrs Susan Crumpton [scrumpton@sun.ac.za; 021 808 9619]

SIGNATURE

Signed

Date