



## **CONSENT FORM**

THIS FORM WILL BE HELD FOR A PERIOD OF 10 YEARS

### **Development of a Musculoskeletal Model to Understand Changes in Lumbopelvic Pain during Pregnancy**

#### **Study Investigators**

Jie Chen (Research student)  
Dr Julie Choisne (Principal investigator)  
Professor Patria Hume (Co-investigator)  
Dr Hannah Wyatt (Co-investigator)

I acknowledge that I have reviewed the Participant Information Sheet, I understand the purpose of the study, and the reasons behind my selection as a participant. I have had the opportunity to ask any question I may have had with the study investigators, and I am content with the responses provided.

- I am aware that my participation in this study is entirely voluntary, and I have the right to withdraw at any time without providing a reason.
- I understand that my participation in this study is confidential and that no material that could personally identify me will be used in any reports on this study.
- I understand that any data linked to me can be withdrawn within 13 months from the date of signing this consent form. I am aware that I can request a copy of the study results based on my own data.
- I understand that the data will be retained for ten (10) years, after which it will be securely destroyed by the primary investigator.
- I understand that the data will be stored on the University of Auckland data-managed computer platform, accessible only to the designated study investigators mentioned above, with participant names kept confidential.
- I have been informed that the collected data will primarily contribute to developing a pregnant-specific musculoskeletal model, which will help better understand pregnant-related lumbopelvic pain and may be utilized in publications, including internal reports, journal papers, and conference presentations.
- I consent to the placement of reflective markers on my skin, which will be used to collect data on my movements during the study.
- I understand that I will be asked to perform several walking, standing torso rotation and sit-to-stand movements as part of the data collection process, and I consent to participate in these activities. I understand I can bring a member of my whānau or a support person present during data collection sessions.
- I understand that granting consent for my participation does not impact my legal rights or the standard care I receive. I am reassured that my future healthcare will not be affected by my participation or non-participation, as confirmed by the investigators involved in this study.
- Having had sufficient time for consideration, I confirm my consent to allow my participation in this study. If any questions arise concerning this study, I am aware of whom to contact for clarification.

- I acknowledge that this study may lead to commercial opportunities, but I won't benefit from any future advantages stemming from it.
- I wish/do not wish to receive the summary of findings. (please circle one)

I consent to my participation.

Email if wish to receive a summary of the findings: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED BY THE AUCKLAND HEALTH RESEARCH ETHICS COMMITTEE ON  
27/11/2024 FOR A PERIOD OF 3 YEARS. REFERENCE NUMBER 27603.