



Form for Withdrawal of Participation - Adult providing own consent

Title Integrative approaches for Optimizing Recognition, Management and Education of concussion at the community sports level

Short Title INFORMED-1

Protocol Number [Protocol Number TBA]

Project Sponsor

- **AlfredHealth**
- Medical Research Future Fund (MRFF) MRFF 2021 Traumatic Brain Injury Grant Opportunity (APP 2016112)

**Coordinating Principal Investigator/
Principal Investigator
Associate Investigator(s)**

Prof. Biswadev Mitra

Dr Alexander Olausen
Dr Stuart McDonald
Prof. Jennie Ponsford
Associate Prof. Sandy Shultz
Associate Prof. Catherine Willmott
Prof. Terence J. O'Brien
Prof. Michael O'Sullivan
Dr. Michael Makdissi
Dr Jonathan Reyes
Dr Zhibin (Ben) Chen

Location **AlfredHealth** Emergency Service
55 Commercial Rd
Melbourne VIC 3004, Australia

Declaration by Participant

I wish to withdraw from participation in the above research project and understand that such withdrawal will not affect my routine treatment, my relationship with those treating me or my relationship with **AlfredHealth** and/or Monash University

Name of Participant (please print) _____

Signature _____ Date _____

In the event that the participant's decision to withdraw is communicated verbally, the Study Doctor/Senior Researcher will need to provide a description of the circumstances below.

Declaration by Study Doctor/Senior Researcher[†]

Master Participant Information Sheet/Consent Form 14Feb2023
Local governance version [Date] (Site PI use only)

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the participant has understood that explanation.

Name of Study Doctor/ Senior Researcher [†] (please print) _____	
Signature _____	Date _____

[†] A senior member of the research team must provide the explanation of and information concerning withdrawal from the research project.

Note: All parties signing the consent section must date their own signature.