**Pregabalin for Acute Whiplash Study**

**Consent to participate**

**Participant ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, hereby consent to take part in this study.

1. I acknowledge that I have read the Information Sheet provided, and that I have had the study fully explained to my satisfaction by the investigators.

2. The details of the study have been explained to me. I know that I could be randomly allocated to either the ‘pregabalin plus advice’ group, or I could be allocated to the ‘placebo plus advice’ group.

3. I understand that once entered into the trial, I will actively participate in the treatment program to the best of my ability. I will complete follow-up assessments through the study website at 5 weeks, and 3, 6 months and 12 months, and come to The University of Queensland at these times for further pain testing.

4. I understand that the aims of this study are to investigate whether there are any differences between the results of the ‘pregabalin plus advice’ group, and the ‘placebo plus advice’ group.

5. I understand that I will complete several questionnaires about my injury, accident and the way they may have affected me.

6. I understand that completion of these questionnaires does not guarantee me entry into the trial and that researchers will determine my suitability for participation and notify me of the outcome soon after completion of the questionnaires.

7. I have been informed that no information regarding my assessment or treatment records will be divulged to any third party without my written permission or as required by law. My privacy will be maintained at all times.

8. I understand that the results of this study will be published for research purposes but I have been informed that my identity will never be revealed in any publication or report.

9. I understand that any treatment provided may or may not directly benefit me.

10. I have been informed that I am free to withdraw from the trial at any time, with or without stating a reason.

Signed: (Participant) Date:

Declaration by Study Doctor/Senior Researcher/Delegated Doctor†

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.  
  
  
Name of Study Doctor/Senior Researcher/Delegated Doctor (please print):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
  
  
† A senior member of the research team or delegated doctor must provide the explanation of, and information concerning, the research project.