**Form for Withdrawal of Participation**

|  |  |
| --- | --- |
| **Title** | Hydrotherapy in the management of persistent pelvic pain: A pilot randomised controlled trial |
| **Short Title** | Hydrotherapy for Persistent Pelvic Pain |
| **Protocol Number** | *HREC/2019/QRBW/XXXXX* |
| **Coordinating Principal Investigator/**  **Principal Investigator** | Cara Masterson |
| **Associate Investigator(s)**  *(if required by institution)* | Janene Stephens, Lorelle Hawes, Emily Edwards, Melissa Webber, Jenny Boyce, Michelle Cottrell, Jennifer Paratz |

**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 The Royal Brisbane and Women’s Hospital.

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|  | | | | | | |
|  | Name of Participant (please print) | |  |  |  |  |
|  | | | | | | |
|  | Signature |  | | Date |  |  |
|  | | | | | | |

With respect to any personal information that has been previously collected as part of this study *(please tick)*:

* I am happy for this information to remain and be used by the research team.
* I wish for all information collected about me in relation to this research project to be removed.

In the event that the participant’s decision to withdraw is communicated verbally, the Principal Investigator must provide a description of the circumstances below:

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**Declaration by Study Doctor/Senior Researcher†**

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.

|  |  |  |  |  |  |  |
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|  | | | | | | |
|  | Name of Study Doctor/  Senior Researcher† (please print) | |  | | |  |
|  | | | | | |  |
|  | Signature |  | | Date |  |  |
|  | | | | | | |

† An appropriately qualified member of the research team must provide information concerning withdrawal from the research project.

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