



## Consent Form

**Title** Correlating BMI, waist circumference and eating patterns with severity of Achilles tendinopathy

**Principal Investigator** Dr David Musson

**Co-Investigator** Professor Clare Wall  
Miss Lauren Vodanovich

**Locations** University of Auckland

### Declaration by Participant

I have read the Participant Information Sheet and understand the information given to me.

I understand the purpose of the study and the risks of the research described in the study.

I have been given the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

I am aware that all study data will only be used for the purpose of this study and will be kept confidential.

I freely agree to participate in this research study as described and understand that I am free to withdraw from the study without affecting my future health care.

I understand that if I would like to withdraw from this study and have all traceable data removed, I should contact the research team.

This form will be stored for a period of ten years.

Name of  
Participant  
(please print)

\_\_\_\_\_

Email address/  
Postal Address  
(optional)

\_\_\_\_\_

To receive a summary of results, tick here

Can we contact you about future research? YES  NO

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

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

APPROVED BY THE AUCKLAND HEALTH RESEARCH ETHICS COMMITTEE ON [29/06/2022]  
FOR 3 YEARS  
REFERENCE NUMBER [AH24169]