

CONSENT WITHDRAWAL

TITLE of the STUDY: A Double-Armed Randomized Control Trial Evaluating the Effects of OMT on Pain Perception in Patients with Plantar Fasciitis

NAME and SURNAME of the INVESTIGATOR: _Erik Lobelius

The undersigned (name and surname) _____

Age _____

Address _____ n° _____

City _____ Nazionalità _____

On the day _____ I expressed and granted my consent to participate in the study indicated above. I HEREBY COMMUNICATE THAT I WANT TO WITHDRAW MY CONSENT (OF MY SON/DAUGHTER or MY PROTECTED) TO PARTICIPATION IN THE STUDY WITH IMMEDIATE EFFECT.

With regard to the reasons behind this decision, I inform you that:

- I do not want to provide the reasons for this withdrawal
- The withdrawal was determined by:
 - a. Difficulty in fulfilling the requirements set out in the study protocol (specify which ones):

- b. Worsening of health conditions (specify symptoms):

- c. Difficulties arising in relations with the researcher/investigator
 - d. Difficulties arising in relations with other healthcare professionals
 - e. Transfer
 - f. Other (specify):

Therefore, as stated in the Information Sheet in which participation in the study was proposed and in the Informed Consent form, the withdrawal of consent to participate in the study will not affect in any way the administration of the most suitable therapy for my case (of my son / daughter, of my protected),

I REQUIRE

YES / NO

the immediate destruction of all information (of my son / daughter, of my protected) obtained in this study and for any reason by anyone detained, giving me written assurance of the destruction; except as necessary for the protection of my (my son / daughter, my protected) health.

I REQUIRE

that this revocation must be communicated to the Ethics Committee which approved the study.

Date, _____

Participant's signature _____

NAME and SURNAME (PARENT) _____

Parent's signature _____

NAME and SURNAME (PARENT) _____

Parent's signature _____

NAME and SURNAME (legally recognized guardian) _____

Signature (legally recognized guardian) _____

NAME, SURNAME of the INVESTIGATOR _____

Investigator's signature _____