

NORTHWESTERN UNIVERSITY

Prosthetics Research Laboratory
& Rehabilitation Engineering Research Program

“Development of a Database for Pathological Ambulators”

IRB project number: 0734-028

Potential Research Subject Information Form

YES! I am interested in learning more about research studies involving walking with prosthetic and orthotic devices being conducted through the Northwestern University Prosthetics Research Laboratory and Rehabilitation Engineering Research Program and give my permission to be contacted by Northwestern University regarding research opportunities. I am providing the following information to Northwestern University for this purpose:

Patient Signature: _____

Patient Name: _____

Address: _____

Phone No.: _____

E-mail: _____

Fax: _____

Name of physician/clinician who told me about these research opportunities:

Describe your condition (e.g. below knee amputee, stroke):

Describe your prosthetic/orthotic device (e.g. below knee prosthesis, ankle-foot-orthosis):

Note: Agreement to be contacted does not obligate you to participate in any study. Thank you for your interest!

If you would like to be contacted regarding research studies please return this form to your physician/clinician or mail/fax this form directly to:

Rebecca Stine, M.S.
NUPRL & RERP, 345 E Superior St, RIC 1441, Chicago IL 60611
Fax: 312-238-6510

Northwestern University
Institutional Review Board
IRB #: 0734-028
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