

**Subject information****Supplementary file 2: consent form subject**

'Specialized orthotic care for people with leg muscle weakness'

- I have read the information letter. I was also able to ask questions. My questions have been answered sufficiently. I have had enough time to decide whether or not to participate.
  
- I understand that participation is voluntary. I also know that I may decide at any time to not participate or to stop participating in the study. Without having to provide any reason.
  
- I give consent for my general practitioner to be informed of my participation in this study.
  
- I give consent to information being requested from my specialist(s) treating me about my medical history.
  
- I give consent to collect and use my data for answering the research question in this study.
  
- I know that for study monitoring purposes some individuals could have access to all my data. Those people are listed in this information letter. I consent to that access by these persons.
  
- I give consent for my general practitioner and/or treating specialist to be informed of unexpected findings which are (may be) of interest for my health.
  
- I  **give**  
 **do not give**  
consent for the further storage of my personal data for 15 years and retention for future research into the area of my disorder and the method of treatment.
  
- I  **give**  
 **do not give**  
consent to being contacted again after this study for a follow-up study.

**Subject information**

- I want to participate in this study.

Name of subject: .....

Signature: ..... Date : \_\_ / \_\_ / \_\_

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I certify that I have fully informed this subject about the said study.

If information becomes known during the study that could influence the consent of the subject, I will inform him/her of this on time.

Name of investigator : .....

Signature: ..... Date: \_\_ / \_\_ / \_\_

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*The subject will receive a complete information letter, together with a signed version of the informed consent form.*