

**NORTHWESTERN UNIVERSITY**  
Northwestern University Prosthetics-Orthotics Center

**“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-Orthotics Center 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.**  
**NUPOC, 680 N. Lake Shore Drive, Suite 1100, Chicago IL 60611**  
**Fax: 312-503-5760**