

**Additional file 1** Example of patient consent form**Consent form****Can a pathological model improve the abilities of the paretic hand in hemiplegic children? The PAM-AOT study protocol of a randomized controlled trial**

I, the undersigned \_\_\_\_\_

born on \_\_\_\_\_ in \_\_\_\_\_

- Mother
- Father
- Legal representative

I, the undersigned \_\_\_\_\_

born on \_\_\_\_\_ in \_\_\_\_\_

- Mother
- Father
- Legal representative

Of the minor \_\_\_\_\_

declare that I have received from Doctor..... on .....  
..... exhaustive explanations regarding the participation in the study, as reported in the information sheet attached, a copy of which was given me on .....

**Following what I have learned, I declare that:**

- I have been informed about the purposes, procedures, duration of this study, the possible advantages and disadvantages and I agree to participate in this study promoted by the Surgery and Medicine Department of the University of Parma.
- I was provided with a summary of the information relating to the characteristics of the study, I was able to discuss these explanations, to ask all the questions I considered necessary, and I received satisfactory answers.
- I am aware that I am free to refuse to participate in the study and that I can withdraw my consent at any time during the duration of the study.
- I understand that my participation in the study is completely voluntary.
- I have been informed and agree that my data will be available not only to the responsible party of the study and their delegates, but also to the national and international health authorities, to the Ethics Committee, should they be requested; I have also been informed that my data may be presented at national and international scientific conferences or published for scientific reasons in national and international medical journals, but in

any case my identity will be protected by confidentiality (i.e. the data will always be used in ANONYMOUS and AGGREGATE modality).

- I was also informed of my right to have free access to the documentation relating to the trial and to the evaluation expressed by the Ethics Committee.
- I agree  I not agree  that my GP is informed.
- I have been given a copy of this consent to withhold.

By signing this form, I agree to my child participating in the above study.

Name and surname of the mother/legal representative.....

Date .....

**Signature**.....

Name and surname of the father/legal representative.....

Date .....

**Signature**.....

Name and surname of the participant.....

Date .....

**Signature**.....

Name and surname of the Doctor .....

Date.....

Signature of the Doctor.....