This leaflet provides explanations in simple and understandable language about what you are being asked to do and / or what will happen to you if you agree to participate in the program:

1. Any risks that may arise or any inconvenience that may arise from your participation in the program.

2. The people who will have access to your information and will emerge from the program in which you will participate and / or other material / data that you voluntarily provide for the program.

3. The time period during which the lead researcher will have access to your information and / or material about you.

4. What does the lead researcher hope to learn as a result of your involvement?

5. Assess the benefits that may arise for researchers and / or sponsors of this program.

6. You should not participate if you do not wish or if you have any concerns about your participation in the program.

7. If you decide to participate, you must indicate if you have participated in other research projects in the last 12 months.

8. If you decide not to participate and you are sick, your treatment is not affected by your decision.

9. You are free to withdraw your consent to participate in the program at any time.

10. If you are ill, your decision to withdraw your consent will have no effect on your treatment.

11. All pages of consent forms must bear your full name and signature.

|  |
| --- |
| Leader researcher of the Program that invites you to participate |
| Hadjionisiforou Onisiforos  |
| Duration of the program: |
| The duration of the program will be 36 months, while start from October 1, 2019 only for research purposes. |

|  |  |
| --- | --- |
| Do you give consent for yourself or for someone else? |  For myself |
| If you answered another person's post, please provide details and name. |
|  |

Please answer the questions below.

|  |  |
| --- | --- |
| Question | YES or NO |
| Did you personally fill out your consent forms? | YES |
| Have you been involved in any other research project in the last 12 months? | NO |
| Did you read and understand the information about patients and / or volunteers? | YES |
| Did you have the opportunity to ask questions and discuss the Program? | YES |
| Have you been given satisfactory answers and explanations to any of your questions? | YES |
| Do you understand that you can leave the program whenever you want? | YES |
| Do you understand that if you retire, you do not have to explain your decision? | YES |
| (For patients) do you understand that if you retire, there will be no impact on any treatment you have or can take in the future? | YES |
| Do you agree to participate in the program? | YES |
| Who have you talked to? With Onisiforos HadjiOnisiforou |

|  |
| --- |
| Brief description of the program (procedures and purpose). |
| Creating an innovative VR program to restore the upper extremity. Patients will be tested on the motor skills of their hands before and after using the device we will manufacture so that a comparison can be made. |

|  |
| --- |
| Details of what will be requested and / or what will happen to the program participants: |
| They will be tested and evaluated on the functionality, strength, range of motion and capabilities of the wrist and fingers before and after the creation of the device. |

|  |
| --- |
| Details of funding for the research project |
| European Program: Horizon 2020 Research and Innovation Framework Program (EU Plan H2020) |

|  |
| --- |
| Details of potential risks or inconveniences that may arise from program participants.THEY DO NOT EXIST |

|  |
| --- |
| Details of what information and / or material will be collected under the program, who will have access to it and for how long. |
| The information and material that will be collected from the results of the tests that will be applied to the patients will be stored in a form that preserves their anonymity. They will be stored on an online platform of the University of Pisa and will remain on the internet indefinitely (until the end of the research). At the end of the investigation all data will be destroyed and deleted (5 years after the completion of the investigation). Researchers have access to all research data within their own research team, but access rights can also be restricted when needed, e.g. at the request of a cooperating party. |

|  |
| --- |
| Expected benefits for participants |
| A new treatment method for the rehabilitation of patients 'upper extremities that has not been tried so far, which has the ultimate goal of improving patients' abilities, more strength and range of motion of the hand as well as improving their quality of life. |

|  |
| --- |
| Expected benefits for researchers and / or sponsors. |
| Adoption of modern technology in restorationLearning new automation of anthropometric measurementsAutomation in taking anthropometric measurementsMultiple contact with other European scientists with all the benefits that come from exchanging views and research |

|  |
| --- |
| Details of termination or early postponement of the research program. |
| Patients will be notified of any changes to the program. So far there is no planned change. |

|  |
| --- |
| Place and duration of storage of data and / or biological samples collected under the program |
| The information and material that will be collected from the results of the tests that will be applied to the patients will be stored in a form that preserves their anonymity. They will be stored on an online platform of the University of Pisa and will remain on the internet indefinitely (until the end of the research). At the end of the investigation all data will be destroyed and deleted (5 years after the completion of the investigation). Researchers have access to all research data within their own research team, but access rights can also be restricted when needed, e.g. at the request of a cooperating party. |

|  |
| --- |
| Description of the data handling procedures of the participants who withdraw from the study before its completion. |
| As soon as a person for any reason wants to retire before the end of the program, his data and the material collected will be deleted. |

|  |
| --- |
| Full contact details and title of the person to whom participants can make complaints or grievances about the program in which they are participating. |
| Pancyprian Organization for the Rehabilitation of the Disabled114 Antoni Loukaidi Street, E2 & E3, Oasis Court, Block E, 3031, Limassol, p. 51376,3504 Limassol, Cyprus,Tel: 25877878mobile: 99438646, Andros Georgiades, president of P.O.A.AFax: 25577877email poaa.lemesou@cytanet.com.cywebsite: www.poaalemesou.org. |

|  |
| --- |
| Full contact details and title of the person that participants can contact for more information or clarification about the research project. |
| Onisiforos HadjiOnisiforou25-27, KoronisLimassol 3081CyprusEmail: onisiforos@kinisiforoltd.comMobile phone: 00357 99353959 |