SURGERY
Faculty of Medical and Health Sciences

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NEW ZEALAND

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Consent Form

Immunonutrition in Liver Surgery

REQUEST FOR INTERPRETER

Circle one

English	I wish to have an interpreter.	Yes	No
Deaf	I wish to have a NZ sign language interpreter	Yes	No
Māori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero.	Ae	Kao
Cook Island Māori	Ka inangaro au i tetai tangata uri reo.	Ae	Kare
Fijian	Au gadreva me dua e vakadewa vosa vei au	Io	Sega
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu.	E	Nakai
Sāmoan	Ou te mana'o ia i ai se fa'amatala upu.	Ioe	Leai
Tokelaun	Ko au e fofou ki he tino ke fakaliliu te gagana Peletania ki na gagana o na motu o te Pahefika	Ioe	Leai
Tongan	Oku ou fiema'u ha fakatonulea.	Io	Ikai

- I have read and I understand the information sheet dated 30/08/12 for volunteers taking part in the study designed to investigate the effects of an immunonutritional supplement on outcome from liver surgery. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.
- I have had the opportunity to use family/whānau support or a friend to help me ask questions and understand the study.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time and this will in no way affect my continuing health care.
- I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on this study.
- I understand the compensation provisions for this study.

- I have had time to consider whether to take part in the study.
- I know who to contact if I have any questions about the study.
- I am aware that my GP will be advised of clinically significant results.
- I consent to the researchers storing specimens of my blood for up to 6 years for their later use as a part of this study (should other potentially important substances be identified in the future). YES / NO
- I consent to blood samples being sent to the laboratory of Professor Philip Calder at the University of Southampton, UK, for specialised testing. YES / NO
- I consent to members of the research team having access to my data and/or clinical records during, or after, the study. YES / NO
- I agree to my data or other information being stored for use in a different study for which ethics committee approval would be required. YES / NO
- I wish to receive a copy of the results. YES / NO

I _____ (full name) hereby consent to take part in this study.

Signature _____ Date _____

Project explained by _____

Project role _____

Signature _____ Date _____

<u>Researchers:</u>

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