

# Participant Consent Form



Before you sign this form please be sure that you understand what it means to be part of the study. Please read (or have read to you) the Information Sheet. Please ask the study team member to answer any questions you have.

## It is important to understand:

- You do not have to take part in this study if you do not wish to.
- You can stop taking part at any time.
- You may decide not to take part in the study. This will not affect your treatment or health care.
- Information you give will be used only for this study. It will be stored in a secure place. Only study team members will have access.
- Your name and details will not be made public. Nothing written in reports will link you personally to the study.

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1. I have a copy of the study information sheet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I agree to take part in an interview for the study	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I agree that the study team can access my kidney health records for this study	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Participant's name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I have explained the nature and purpose of this study to the above participant and have answered their questions.

Investigator name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Permissions for interview information

1. Do you agree that the interview be taped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Would you like a (written) copy of your interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you wish to check the interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you agree that some of your words (not your name) be used in the study reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you want a copy of the main final report? (Include contact details below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. At the end of the study do you wish your interview record to be destroyed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Participant's name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I have explained the nature and purpose of this study to the above participant and have answered their questions.

Investigator name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Contact details: