

Consent Form

This form will be kept for a period of 6 years.

Body Surface Gastric Mapping to Evaluate Patients with Upper Gastrointestinal Symptoms and Controls

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Request for interpreter: (please circle)

English	I wish to have an interpreter.	Yes
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero.	Ae
Deaf	I wish to have a NZ sign language interpreter	Yes
Cook Island	Ka inangaro au i tetai tangata uri reo.	Ae
Fijian	Au gadreva me dua e vakadewa vosa vei au	Io
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu.	E
Samoan	Ou te mana'o ia i ai se fa'amatala upu.	loe
Tokelaun	Ko au e fofou ki he tino ke fakaliliu te gagana Peletania ki na gagana o na motu o te Pahefika	loe
Tongan	Oku ou fiema'u ha fakatonulea.	Io

Consent clauses:

- I have read, and I understand the information sheet dated 22/1/2020 for volunteers taking part in the study designed to validate body surface gastric mapping.
- 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/whanau support or a friend to help me ask questions and understand the study, and for discussion when making decisions.
- 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 future health care.
- I understand that I may withdraw my data collected during this study for up to one month after I have completed the recording and questionnaires.
- 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 know who to contact if I have any questions about the study.
- The data from the study will be kept for 15 years following publication. After this time the data will be destroyed using confidential data destruction procedures.
- I consent to members of the research team having access to my data and/or clinical records during the study.
- I consent to my de-identified data being used in future research.
- I consent to my GP being contacted to confirm GI related elements of my medical history or provide information about me from this research.

YES / NO

- I agree to my data being stored for use in further research in this area, for which ethics committee approval would be required.

YES / NO

- I would like the researchers to send me details of the outcomes of the study in due course.

Email address:

YES / NO

- I consent to the use of non-identifying photographs in the research and presentations or publication of the results from this study.

YES / NO

Declaration by participant:

I freely agree to participate in this study.

I have been given a copy of the Participant Information Sheet and Consent Form to keep.

Participant's name: _____

Signature: _____

Date: _____

Declaration by member of research team:

I have given a verbal explanation of the research project to the participant and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate.

Researcher's name: _____

Signature: _____

Date: _____

Approved by the Auckland Health Research Ethics Committee on 20/12/2019 for three years.
Reference number AH1130.