

## PARTICIPANT CONSENT FORM

### Feasibility of Transit Time Flow Measurements in the SCORECARD Project

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**Co-Investigators**                              Mr Paget Milsom                          09 630 9951

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Request for interpreter (please 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 kaiwhaka maori/kaiwhaka pakeha korero.	Ae	Kao
Cook Island Māori	Ka inangaro au i tetahi 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
Samoan	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 **Participation Information Sheet (Version 3)** dated 21 July 2016. Yes / No
- I have been given sufficient time to discuss with my family/whānau whether or not to take part in this study. Yes / No
- I have had the opportunity to use family/whānau support or a friend to help me ask questions and understand the study. Yes / No
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time and that this will in no way affect my continuing health care. Yes / No
- I understand that, in the event that I sustain injury in this study, I may be eligible for accident compensation and rehabilitation. Yes / No
- I know who to contact if I have questions about the study Yes / No
- I wish to receive a copy of the results of this study. Yes / No

I,  *full name*

hereby consent to take part in this study.

/ / 2016

Signature Date

**Consented by :** \_\_\_\_\_ **Date:** \_\_\_\_\_