



PARTICIPANT CONSENT FORM

Airway Oxygen Concentration with High Flow Nasal Oxygen

Location: Christchurch Public Hospital

Lead Investigator:

Dr Nick Abbott

Christchurch hospital department of anaesthesia

Phone 021373537

Once signed this form will be stored in a secure place for ten years

If you need an INTERPRETER, please tell us.

Name of Participant.....

1. I have read and understand the participant information sheet provided
2. I have had sufficient time to discuss my participation in this study with the researchers and any support people of my choosing, and have had the opportunity to ask questions
3. To the best of my knowledge I fit the criteria for inclusion in this study as outlined in the information sheet
4. I know that participation in the study is entirely voluntary and that I am free to withdraw from the study at any time without

disadvantage

5. I understand that if I withdraw from the study all information collected up until the time of my withdrawal will be kept by the investigators
6. I understand the results of the study may be published and available in the University of Otago library
7. I understand there is no payment for the study and that no commercial use will be made of the data
8. I understand the researchers may access my medical records
9. I wish to receive a lay summary of the results of this study.
Yes No
10. I wish to receive my individual data from this study
Yes No
11. I give permission for my participation in this study

Signature of participant

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 valid informed consent to participate.

Researcher's name:

Signature:

Date:
