Human Research Ethics Committee (HREC)

CONSENT FORM

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	**Autonomic dysfunction in Atrial Fibrillation: an autonomic characterisation study (AFAF Study)**
Ethics Approval Number:	**Researcher to insert this number (allocated once the project has been approved.**

2. I have had the project, so far as it affects me, and the potential risks and burdens fully explained to my satisfaction by the research worker. I have had the opportunity to ask any questions I may have about the project and my participation. My consent is given freely.

3. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.

4. Although I understand the purpose of the research project is to improve the quality of health/medical care, it has also been explained that my involvement may not be of any benefit to me.

5. I agree to participate in the activities as outlined in the participant information sheet. I am aware that I may be contacted to perform a repeat study up to four times during the course of my treatment (however any invasive tests will only be carried out a maximum of two times). I am aware that I can decline to be contacted for future repeat experiments. I am also aware that this is an expression of interest only and that I would need to provide consent for each and every additional study test that I agree to participate in.

6. I consent to the microneurography technique (nerve activity measurement) explained to me as an optional component.
   Yes ☐ No ☐

7. I understand that I am free to withdraw from the project at any time and that this will not affect medical advice in the management of my health, now or in the future.

8. I have been informed that the information gained in the project may be published in a journal article/thesis/conference presentation/website/report.

9. I have been informed that in the published materials I will not be identified and my personal results will not be divulged.

10. I agree to my information being used for future research purposes limited to utilising the de-identified data.
    Yes ☐ No ☐

11. My information will only be disclosed according to the consent provided, except where disclosure is required by law.

12. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

Participant to complete:

Name: _____ Signature: _____ Date: _____

Researcher/Witness to complete: [This can be removed for electronically returned consent forms.]

I have described the nature of the research to _____
(print name of participant)

and in my opinion she/he understood the explanation.

Signature: _____ Position: _____ Date: _____