

## Consent Form

### **Voluntary Participation and Withdrawal from the Study**

Your participation in this study is entirely voluntary. You may withdraw at any time without discrimination or prejudice. All information is treated as confidential and no names or other details that might identify you will be used in any publication arising from the research. If you withdraw, all information you have provided will be destroyed. If you consent to take part in this research study, it is important that you understand the purpose of the study and what you will be asked to do. Please make sure that you ask any questions you may have, and that all your questions have been answered to your satisfaction before you agree to participate.

If you are willing to participate in this study, could you please complete the details below. If you have any questions about this study please feel free to contact Dr Drummond on 9360 2415.

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I confirm that I have read and understand the patient information sheet for the above clinical investigation. I was given enough time to read and consider the elements of the consent. I have had the opportunity to consider the information and to ask questions. All my questions have been answered adequately and are understood.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. I also understand all risks of this participation.

I have been given the opportunity to have a member of my family or another person present while the study is explained to me

I agree that research data gathered for this study may be published provided my name or other information which might identify me is not used. If I withdraw from the study, data collected prior to my withdrawal may still be processed.

I am between the age of 18 and 80 and freely provide my consent to take part in the above clinical investigation.

I confirm that I received a copy of the patient information and informed consent form.

\_\_\_\_\_  
Patient (Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I confirm that I explained to the patient named above about the nature, purpose and effects expected from this study. I answered all questions of the participant relating to this research. If during the course of the study information becomes known which could affect the patient's consent, I shall inform him/her immediately. This patient has received a copy of the information letter for patients and the informed consent form. The patient consented to participate by signing and dating this form. In my judgment, the patient is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this research. I agree to respect the participant's right to withdraw at any time during this research.

\_\_\_\_\_  
Researcher (Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

This  
study  
has  
been

approved by the Murdoch University Human Research Ethics Committee (Approval 2020/044). If you have any reservation or complaint about the ethical conduct of this research, and wish to talk with an independent person, you may contact Murdoch University's Research Ethics Office (Tel. 08 9360 6677) or e-mail [ethics@murdoch.edu.au](mailto:ethics@murdoch.edu.au)). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.