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Consent Form

Optimising nutrition delivery in acute and chronic diseases using a Smart Tube: A pilot healthy volunteer study

REQUEST FOR INTERPRETER

Circle one

English	I wish to have an interpreter.	Yes	No
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero.	Ae	Kao
Deaf	I wish to have a NZ sign language interpreter	Yes	No
Cook Island	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
Samoaan	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 information sheet and procedures for volunteers taking part in the study designed to improve nutrition delivery via enteral tube feeding	Yes	No
I have been given enough time to consider my choice of participation in the study	Yes	No
I have had the opportunity to discuss this study. I am satisfied with the answers I have been given	Yes	No
I have had the opportunity to use family/whanau 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 this will in no way affect my future health care	Yes	No

If I decide to withdraw from the study, I agree that the information collected up to the time I withdraw can be used for the study	Yes	No
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	Yes	No
I understand the compensation provisions for this study	Yes	No
I know who to contact if I have any questions about the study	Yes	No
The data from the study will be kept for 15 years. After this time the data will be destroyed using confidential data destruction procedures	Yes	No
I would like the researchers to send me details of the outcomes of the study in due course	Yes	No
I would like my GP or other current provider to be informed of any clinically significant results	Yes	No

I _____ (full name) hereby consent to inclusion in this study.

Signature _____ Date _____

Explained by _____ Role _____

Signature _____ Date _____

Please feel free to contact the researchers with any questions

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