Consent Form



Project title: Determining optimal sampling times for concussion blood biomarkers for

prediction of recovery in females

Research Team

Co-ordinating Investigator: Professor Patria Hume

Co-Principle Investigators: Dr Ed Maunder, Professor Alice Theadom, Dr Beth McQuiston, Dr Chris Puliu'vea, Dr Doug King, Dr Stephen Kara, Assoc Prof Mangor Pedersen, Dr Liza Kunz.



Co-Associate Investigators: Dr Ryu Yoshida, Scott Crawford, Dr Mark Fulcher, Dr Anja Zoellner, Dr Swati Pradhan-Bhatt, Dr Christi Essex, Katherine Forch, Dr Trevor Clark, Sapi Mukerji, Prof Andrew Kilding, Dr Sharon Olsen, Dr Stacy Sims, Dr Brian Russell, Dr Ken Quarrie, Christina Emmerson, Dr Kuniaki Hirayama, Marguerite Sandleback, Dr Naaz Shaikh, Nikki Reynolds, Charlotte Bray, Dr Qi Zhang, Sarniya Moganathas, Dr Martin Berman, Dr Raj Chandran, Dr Hannah Wyatt, Dr John Gibbons, Professor Nick Draper.

- I have read and understood the information provided about this research project in the Information Sheet dated 18th November 2024.
- I have had an opportunity to ask questions and to have them answered.
- I have had the opportunity to use a legal representative, whānau/ family support or a friend to help me ask questions and understand the study.
- I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- I consent to the research staff collecting and processing my information, including information about my health.
- I agree to an approved auditor appointed by the New Zealand Health and Disability Ethics Committees, or any relevant regulatory authority or their approved representative reviewing my relevant medical records for the sole purpose of checking the accuracy of the information recorded for the study.
- I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.
- I understand the compensation provisions in case of injury during the study.
- I consent to my General Practitioner (GP) or current provider being notified of clinically significant abnormal results. This is a mandatory component of study participation. Therefore, GP contact details are requested bere:

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sampling

Health and Disability Ethics Committee March 2025; HDEC Reference number HDEC 2024 EXP 21888.
Approved by
Signature: Date:
Researcher's name:
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 informed consent to participate.
Declaration by member of research team:
Date:
Participant's Contact Email (if you wish to have your individual results):
Participant's name:
Participant's signature:
I wish to have a karakia for my blood sample when this is disposed. Yes . No .
I give permission to the study team for the future unspecified use of my blood sample. Yes . \square No . \square
I give permission to the study team for the future unspecified use of my deidentified research data. Yes . \square No . \square
I consent to Abbott Diagnostics (USA) having access to my deidentified data. Yes . No .
I consent to be contacted by the study team about future opportunities to participate in future, related research Yes . \(\subseteq \text{No .} \subseteq \)
I wish to receive a summary of the results from the study. Yes . No .
I agree to take part in this research. Yes . No .
[Click on only one . to show X for Yes or No]

Trial registry: ANZCTR ACTRN12625000260426

 ${\it Note: The \ Participant \ should \ retain \ a \ copy \ of \ this \ form.}$

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sampling

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