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, Dr Doug King, Professor Alice Theadom, Dr Beth McQuiston, Dr Chris Puliu'vea, Dr Stephen Kara, Assoc Prof Mangor Pedersen

Co-Associate Investigators: Dr Ryu Yoshida, Dr Helen Danesh-Myer, Scott Crawford, Dr Mark Fulcher, Dr Anja Zoellner, Dr Swati Pradhan-Bhatt, Christi Essex, Katherine Forch, Dr Trevor Clark, Prof Andrew Kilding, , Dr Sharon Olsen, Dr Stacy Sims, Dr Brian Russell, Dr Ken Quarrie, Nikki Reynolds, Charlotte Bray, Sapi Mukerji, Christina Emmerson, Marguerite Sandleback, Dr Naaz Shaikh, Dr Qi Zhang.

- ○ 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 the study team reviewing my medical records.

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 here: _____

(please tick one): Yes ◯ No ◯

I agree to take part in this research.

(please tick one): Yes ◯ No ◯

I consent to my blood samples being sent overseas for analysis if needed as part of this specific study.

(please tick one): Yes ◯ No ◯

I wish to receive a summary of the results from the study.

(please tick one): Yes ◯ No ◯

I consent to be contacted by study team about future opportunities to participate in future, related research.

(please tick one): Yes ◯ No ◯

I consent to Abbott Diagnostics (USA) having access to my deidentified data.

(please tick one): Yes ◯ No ◯

I give permission to the study team for the future unspecified use of my deidentified research data.

(please tick one): Yes ◯ No ◯

I wish to have a karakia for my sample when this is disposed.

(please tick one): Yes ◯ No ◯

Participant's signature:.....

Participant's name:.....

Participant's Contact Details (if you wish to have your individual results):

Email: ……..

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 informed consent to participate.

Researcher's name: _____

Signature: _____ Date: _____

Approved by

Health and Disability Ethics Committee September 2024; HDEC Reference number HDEC 2024 EXP 21888.

Note: The Participant should retain a copy of this form.