

# Consent Form

**Project title: Walking patterns, hormonal cycles, and injury risks in female athletes' post-concussion**

This project is part of the Women's Health and Neuroscience Research Programme study "Determining optimal sampling times for concussion blood biomarkers for prediction of recovery in females" approved by HDEC 2024 EXP 21888, and registered with ANZCTR ACTRN12625000260426.



## Research Team

**Co-ordinating Investigator: Professor Patria Hume**

**Co-Principle Investigators:** Dr Nusratnaaz Shaikh

**Co-Associate Investigators:** Dr. Anja Zoellner, Dr Christi Essex, Marguerite Sandleback

**Primary Researcher:** Sarniya Moganathas

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated 30th July 2025
- ☐ 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 here:

(please tick one): Yes ☐ No ☐

I agree to take part in this research.

(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 on 14<sup>th</sup> March 2025; HDEC Reference number HDEC 2024 EXP 21888.

AUTEC Ethics 25/152 approved on 26 August 2025 for three years.

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