# Auckland DHB

**RESPIRATORY SERVICES**

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**Consent Form MR lung study**

**For patients and volunteers**

* I have read and I understand the information sheet, dated 5th July 2018, for participants taking part in the study designed to investigate the measurement of lung function using an MRI scanner. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.
* I have had the opportunity to use family/whanau support or a friend to help me ask questions and understand the study.
* I have had ample time to discuss with family/whanau and friends when a decision is required or when making a decision.
* 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 current or future treatment
* 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.
* I understand how my information will be stored and protected.
* I understand the compensation provisions for this study.
* I know who to contact if I have any side effects to the study.
* I know who to contact if I have any questions about the study.

I consent to information about my participation in the study being shared with my general practitioner. Yes/No

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent to take part in this study.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project explained by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_