THE AW MORROW GASTROENTEROLOGY AND LIVER CENTRE

Royal Prince Alfred Hospital &
University of Sydney
Address: Missenden Road
Camperdown 2050
AUSTRALIA
Telephone: 612 9515 8578
Facsimile: 612 9515 5182

Cardiac Dysfunction in Advanced Chronic Liver Disease: Assessment Pre- and Post-Liver Transplant Using Metabolomics and Cardiac Imaging

PARTICIPANT CONSENT FORM

I,_____ *[full name]*

of_____ *[address]*

have read and understood the Participant Information Sheet on the abovenamed research study

and have discussed the study with _____
[investigator responsible for conducting informed consent]

- I have been made aware of the procedures involved in the study, including any known or expected inconvenience, risk, discomfort or potential side effect and of their implications as far as they are currently known by the researchers.
- I understand that my participation in this study will allow the researchers and others, as described in the Information for Participants, to have access to my medical record, and I agree to this.
- I understand that, during the course of this study, my medical records may be accessed by regulatory authorities or by the Ethics Committee approving the research in order to verify results and determine that the study is being carried out correctly.
- I understand that the SLHD software license for REDCap (Research Electronic Data Capture) will be used to manage the collection and storage of my research data.
- I have had an opportunity to ask questions and I am satisfied with the answers I have received.
- I freely choose to participate in this study and understand that I can withdraw at any time.
- I also understand that the research study is strictly confidential.
- I hereby agree to participate in this research study.
- I would like to receive a copy of the study results when they become available. YES/NO
  My email address is:_____

- I consent to the future use of any data / samples I provide for research purposes. I understand that before they can use any data I provide, they must seek additional ethics approval. YES/ NO

- I consent for other research collaborators to use any data / samples I provide for future research purposes. I understand that before they can use my data, they must seek additional ethics approval. YES/NO

- If eligible, I consent for the optional MRI substudy. YES/NO

- I consent to the storage and use of my information collected from me for use, as described in the relevant section of the Participant Information Sheet, for:

  - This specific research project ☐

  - Other research that is closely related to this research project ☐

  - Any future research ☐

Participant name:_____

Participant signature:_____

Date:_____

Name of person conducting informed consent:_____

Signature of person conducting informed consent: _____

Date:_____

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FORM FOR WITHDRAWAL OF PARTICIPATION IN A RESEARCH STUDY

I, …….. (name)

of ……. (address)

wish to withdraw from participation in the above research project and understand that such withdrawal will not affect my routine treatment, my relationship with those treating me or my relationship with The Royal Prince Alfred Hospital.

With regards to the biospecimens already collected from me:

☐ I agree to continue storage and use of my samples for research purposes.

☐ I request that all samples collected from me be destroyed.

Participant Name	**Signature**	**Date**
Witness Name	**Signature**	**Date**
Name of person obtaining withdrawal	**Signature**	**Date**