

Consent Form

*If you need an interpreter, please tell us*

|  |
| --- |
| I have read (or have had read to me) and understand the Participant Information Sheet. |
| I have been given sufficient time to consider whether or not to participate in this study. |
| I have had the opportunity to use a legal representative, whanau/ 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 this affecting my medical care. |
| I consent to the research staff collecting and processing my information, including information about my health. |
| If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed. |
| I understand that this study involves four 60 minute visits with the research team at different locations. |
| I agree to my stool and blood samples being sent to New Zealand collaborators and I am aware that these samples will be disposed of using established guidelines for discarding biohazard waste. |
| I consent to use of de-identified data from this study to be used in future studies. |
| I consent to de-identified data being sent overseas. |
| I understand that during the week before sample collection I must refrain from taking any laxative medication other than the rescue treatment offered by the research staff |
| I understand that during the course of the study, I must refrain from eating extra servings of kiwifruit other than that provided by the research staff. |
| 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 know who to contact if I have any questions about the study in general. |
| I understand my responsibilities as a study participant. |
| I consent to be contacted by the researchers if there are other studies that I may be eligible to participate in. |

I would like any remaining samples to be disposed of at the end of the study (please tick one):

Using standard disposal methods  Disposed with appropriate karakia 

Be handed back to me 

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

**Declaration by participant**:

I hereby consent to take part in this study.

|  |  |
| --- | --- |
| Participant’s name:  |  |
| Signature: | 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: |