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Consent Form

Stemming the Tide of Pancreatogenic Diabetes

Request for interpreter: (please circle yes or no)

English	I wish to have an interpreter.	Yes	No
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero.	Ae	Kao
Deaf	I wish to have a NZ sign language interpreter	Yes	No
Cook Island	Ka inangaro au i tetai tangata uri reo.	Ae	Kare
Fijian	Au gadreva me dua e vakadewa vosa vei au	Io	Sega
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu.	E	Nakai
Samoan	Ou te mana'o ia i ai se fa'amatala upu.	Ioe	Leai
Tokelaun	Ko au e fofou ki he tino ke fakaliliu te gagana Peletania ki na gagana o na motu o te Pahefika	Ioe	Leai
Tongan	Oku ou fiema'u ha fakatonulea.	Io	Ikai

Consent clauses:

- I have read and I understand the information sheet dated 9 March 2020 for volunteers taking part in the study investigating risk factors for the development of pancreatogenic diabetes mellitus.
- 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 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 future health care.
- 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 that the treatment, or investigation, will be stopped if it should appear harmful to me.
- I understand the compensation provisions for this study.
- I have had ample time to discuss with whanau/family and friends when a decision is required or when making a decision.

- I know who to contact if I have any questions about the study
- The data from the study will be kept for 10 years. After this time the data will be destroyed using confidential data destruction procedures.
- I consent to my blood samples being sent to laboratory for testing. The blood samples will be destroyed once the tests have been performed.

  YES / NO
- I consent to members of the research team having access to my data and/or clinical records during, or after, the study.

  YES / NO
- I agree to my data or other information being stored for use in a different study for which ethics committee approval would be required.

  YES / NO
- I would like the researchers to send me details of the outcomes of the study in due course.

  YES / NO
- I agree to my GP or other current provider being informed of my participation in this Study.

  YES / NO

Please tick ethnicity (ies) with which you identify:

Maori ( )	NZ European ( )	Samoan ( )	Cook Island Maori ( )
Tongan ( )	Niuean ( )	Chinese ( )	Other European ( )
Indian ( )			

Other (e.g. Japanese, Tokelauan) please specify _____

Declaration by participant:

I have read, or have had read to me in my first language, and I understand the Participant Information Sheet. I have had the opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this study.

I have been given a copy of the Participant Information Sheet and Consent Form to keep.

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: _____

Principal Investigator contact details:
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