



Participant Information and Consent Form
Version: 2.0 Dated: 27th Nov 2015

Deidentified to protect patient confidentiality

AFFIX PATIENT LABEL HERE

Consent Form - Adult providing own consent

Title A prospective single centre randomised controlled clinical trial comparing the physiology of apnoeic oxygenation vs. low tidal volume ventilation in anaesthetised cardiac surgical patients.

Short Title Physiology of apnoeic oxygenation vs. low tidal volume ventilation in anaesthetised cardiac surgical patients.

Protocol Number Version 2, dated 27th Nov 2015

Project Sponsor Department of Anaesthesia, Austin Health

Principal Investigators A/Prof Laurence Weinberg, Dr Raymond Hu

Co-Investigators Ms Laura Machan, A/Prof Philip Peyton, Dr Chong Tan, Dr Param Pillai, Dr Louise Ellard, Dr Peter McCall, Dr Ian Harley

Location Austin Health, Heidelberg, Victoria, Australia

Declaration by Participant

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

I give permission for my doctors, other health professionals, hospitals or laboratories outside this hospital to release information to Austin Health concerning my disease and treatment for the purposes of this project. I understand that such information will remain confidential.

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I understand that I will be given a signed copy of this document to keep.

Name of Participant (please print) protect patient

Signature [Signature] Date 11/03/16

Name of Witness* to Participant's Signature protect patient 15/3/16

Signature _____ Date _____

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.



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Name of Participant (please print) protect patient

Signature [Signature] Date 11/3/16

Name of Witness* to Participant's Signature (please print) protect patient

Signature [Signature] Date 11/3/16

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Participant Information and Consent Form
Version: 1.0 Dated: 19th Sept 2015

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Short Title Physiology of apnoeic oxygenation vs. low tidal volume ventilation in anaesthetised cardiac surgical patients.

Protocol Number Version 1, dated 19th Sept 2015

Project Sponsor Department of Anaesthesia, Austin Health

Principal Investigators A/Prof Laurence Weinberg, Dr Raymond Hu

Co-Investigators Ms Laura Machan, A/Prof Philip Peyton, Dr Chong Tan, Dr Param Pillai, Dr Louise Ellard

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Name of Participant (please print) protect patient

Signature [Signature] Date 11-3-16

Name of Witness* to Participant's Signature (please print) protect patient

Signature [Signature] Date 11/03/16

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Name of Participant (please print) Deidentified to protect patient confidentiality

Signature [Signature] Date 9/3/16

Name of Witness* to Participant's Signature (please print) Deidentified to protect patient confidentiality

Signature [Signature] Date 9-3-16

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.



Participant Information and Consent Form
Version: 3.0 Dated: 3rd Dec 2015

Deidentified to protect patient confidentiality

Consent Form - Adult providing own consent

Title A prospective single centre randomised controlled clinical trial comparing the physiology of apnoeic oxygenation vs. low tidal volume ventilation in anaesthetised cardiac surgical patients.

Short Title Physiology of apnoeic oxygenation vs. low tidal volume ventilation in anaesthetised cardiac surgical patients.

Protocol Number Version 3, dated 12th Dec 2015

Project Sponsor Department of Anaesthesia, Austin Health

Principal Investigators A/Prof Laurence Weinberg, Dr Raymond Hu

Co-Investigators Ms Laura Machan, A/Prof Philip Peyton, Dr Chong Tan, Dr Param Pillai, Dr Louise Ellard, Dr Peter McCall, Dr Ian Harley

Location Austin Health, Heidelberg, Victoria, Australia

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I understand that I will be given a signed copy of this document to keep.

Name of Participant (please print) Deidentified to protect patient confidentiality

Signature [Signature] Date 5.4.2016

Name of Witness* to Participant's Signature (please print) [Signature]

Signature [Signature] Date 5.4.16

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.



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Name of Participant (please print) Deidentified to protect patient confidentiality

Signature [Signature] Date 08/03/2016

Name of Witness* to Participant's Signature (please print) Deidentified to protect patient confidentiality

Signature [Signature] Date 08/03/2016

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Name of Participant (please print) Deidentified to protect patient confidentiality

Signature [Signature] Date 8/3/16

Name of Witness* to Participant's Signature (please print) Deidentified to protect patient confidentiality

Signature protect patient Date 8/3/16

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Name of Participant (please print) protect patient

Signature patient Date 8/3/16

Name of Witness* to Participant's Signature (please print) Deidentified to protect patient confidentiality

Signature protect patient Date 8/3/16

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Name of Participant (please print) protect patient

Signature [Signature] Date 8/3/16

Name of Witness* to Participant's Signature (please print) protect patient

Signature [Signature] Date 8/3/16

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I understand that I will be given a signed copy of this document to keep.

Name of Participant (please print) Deidentified to protect patient confidentiality

Signature [Signature] Date 4/3/16

Name of Witness* to Participant's Signature (please print) Deidentified to protect patient confidentiality

Signature [Signature] Date 04.05.2016

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

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Name of Participant (please print) Deidentified to protect patient confidentiality

Signature [Signature] Date 03/03/2016

Name of Witness* to Participant's Signature (please print) Deidentified to protect patient confidentiality (Daughter)

Signature [Signature] Date 03/03/2016

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

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I understand that I will be given a signed copy of this document to keep.

Signature [Signature] Date 10-3-16

Name of Participant (please print) Deidentified to protect patient confidentiality

Signature [Signature] Date 10-3-16

Name of Witness* to Participant's Signature (please print) Deidentified to protect patient confidentiality

Signature [Signature] Date 10-3-16

Name of Witness* to Participant's Signature (please print) Deidentified to protect patient confidentiality

Signature [Signature] Date 10-3-16

Signature [Signature] Date 10-3-16

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Version: 1.0 Dated: 19th Sept 2015

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Participant Information and Consent Form
Version: 2.0 Dated: 27th Nov 2015

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Name of Participant (please print) protect patient
Signature [Signature] Date 21/1/16

Name of Witness* to Participant's Signature (please print) protect patient
Signature [Signature] Date 21/1/16

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

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Name of Participant (please print) protect patient
Signature [Signature] Date 29/10/2016

Name of Witness* to Participant's Signature (please print) protect patient
Signature [Signature] Date 29/12/16

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Name of Participant (please print) Deidentified to protect patient confidentiality
Signature [Signature] Date 26-2-2016

Name of Witness* to Participant's Signature (please print) protect patient
Signature [Signature] Date 26-2-16

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.



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Deidentified to protect patient confidentiality

AFFI (Date) _____ HERE
Time: _____



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U.R Number

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0439 249 9257
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Name of Participant (please print) _____
 Signature _____ protect patient _____ Date 15-02-16
 Name of Witness* to Participant's Signature (please print) _____
 Signature _____ Date 15/2/16

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I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without affecting my future health care.

I understand that I will be given a signed copy of this document to keep.

Name of Participant (please print) _____
 Signature _____ protect patient _____ Date 12 Feb 16
 Name of Witness* to Participant's Signature (please print) _____
 Signature _____ protect patient _____ Date 12/2/16

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

Consent Form - Adult providing own consent

Title A prospective single centre randomised controlled clinical trial comparing the physiology of apnoeic oxygenation vs. low tidal volume ventilation in anaesthetised cardiac surgical patients.

Short Title Physiology of apnoeic oxygenation vs. low tidal volume ventilation in anaesthetised cardiac surgical patients.

Protocol Number Version 2, dated 27th Nov 2015

Project Sponsor Department of Anaesthesia, Austin Health

Principal Investigators A/Prof Laurence Weinberg, Dr Raymond Hu

Co-Investigators Ms Laura Machan, A/Prof Philip Peyton, Dr Chong Tan, Dr Param Pillai, Dr Louise Ellard, Dr Peter McCall, Dr Ian Harley

Location Austin Health, Heidelberg, Victoria, Australia

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Name of Participant (please print) _____
 Signature _____ protect patient _____
 Name of Witness* to Participant's Signature (please print) _____
 Signature _____ protect patient _____ Date 9/2/16

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Austin Health
7489495

Deidentified to protect patient confidentiality

Printed 8 Feb 16 10:00 AM 7 7001 RE

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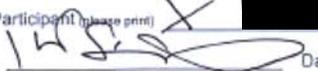
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Name of Participant (please print) Deidentified to protect patient confidentiality

Signature  Date 9-2-16

Name of Witness* to Participant's Signature (please print) protect patient

Signature  Date 9/2/16

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Austin Health
7254037

Deidentified to protect patient confidentiality

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Name of Participant (please print) Deidentified to protect patient confidentiality

Signature  Date 13/16

Name of Witness* to Participant's Signature (please print) protect patient

Signature  Date 8-3-16

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Signature  Date 8/3/16

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Signature  Date 8/3/16

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