

Non-invasive analysis of uterine structure and contractions in healthy function and endometriosis

Consent form

This form will be held for a period of 10 years

Lead Researchers:

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REQUEST FOR INTERPRETER

English	I wish to have an interpreter.	Yes	No
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero.	Ae	Kao
Cook Island	Ka inangaro au i tetahi 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.	loe	Leai
Tokelaun	Ko au e fofou ki he tino ke fakaliliu te gagana Peletania ki na gagana o na motu o te Pahefika.	loe	Leai
Tongan	Oku ou fiema’u ha fakatonulea.	Io	Ikai

Statement: By signing this form you acknowledge / agree to the following:

1. I have read, or have had read to me in my first language, and I understand the Participant Information Sheet.
 2. I have been given sufficient time to consider whether or not to participate in this study.
 3. I have had the opportunity to have whānau/family support or a friend to help me ask questions and understand the study.
 4. 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.
 5. I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any practicable time.
 6. 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 or future studies.
 7. I know who to contact if I have any questions about the study in general.
 8. I confirm that, to the best of my knowledge, I do not meet any of the exclusion criteria as outlined in the Participant Information Sheet.
 9. I consent to the research staff collecting and processing my information, including information about my health.
 10. **(For students of the Researchers):** I understand that neither grades nor academic relationships will be affected by participation or non-participation in this study, and that I am free to contact the HoD should I feel this assurance is not met.
 11. I understand that the results of this and any future studies may be used to develop commercially-available products, and I give my consent.
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Please tick to indicate you consent to the following. A “No” response does not affect your ability to participate:

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. Yes No

I wish to receive a summary of results from this study. Yes No

I consent to future contact from the research team if follow-up studies are planned. Yes No

Declaration by participant

I hereby consent to take part in this study.

Participant’s name:

Signature:

Date:

Contact number:

Email:

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:

Approved by the Auckland Health Research Ethics Committee for 3 years on 04 / 03 / 2024.

Reference number AH26914.