

Consent Form

Title

The effect of an omega-3-rich food on markers of inflammation and soverity of Achilles tending pathy.

and severity of Achilles tendinopathy

Principal Investigator Dr David Musson 09 9235714

Co-Investigators Dr Andrea Braakhuis

Dr Dorit Naot

Locations University of Auckland

Auckland University of Technology

Associate Professor Richard Ellis

Declaration by Participant

If you need an interpreter, please tell us

- I have read, or have had read to me, and I 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 the information sheet.
- I understand that taking part in this study is voluntary (my choice) and that I may decline to participate in the study without this affecting my medical care.
- 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 consent to the researchers collecting and processing my information, including information about my health.
- I consent to the researchers storing my tissue for up to 10 years for the purposes of 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 would like to receive a summary of my results	Yes □	No
I consent to my physiotherapist receiving data obtained from the imaging	Yes	No
I elect to have all my samples disposed of with an appropriate karakia	Yes	No



I hereby consent to take part in this study.

Declaration by participant:

Participant's name: Sample only - do not sign		
Contact details: Sample only		
Signature: Sample only	Date: Sample only	

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: Sample only	
Signature: Sample only	Date: Sample only

APPROVED BY THE HEALTH AND DISABILITY ETHICS COMMITTEE ON 22 July, 2022 FOR 3 YEARS

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