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Level 3, Building 507
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Consent Form

This form will be held for a period of 6 years.

How Does Choice Influence Drug Response?

Principal Investigator: Professor Keith Petrie
Co-investigators: Chantelle Bond
Dr Kate Faasse

I have read the Participant Information Sheet, have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to take part in this research.
- I do not, to my knowledge, have any of the contraindicated conditions that would make me ineligible to participate in this research: I do not have asthma, diabetes, low blood pressure, low heart rate, or known reactions to any beta blocker medication, and I am not pregnant or trying to become pregnant.
- I understand that I am free to withdraw participation at any time, and to withdraw any data traceable to me up until 31 December 2021.
- I understand that participating in this research involves taking a beta blocker tablet.
- I understand that participating in this research involves completing tasks to simulate an examination.
- I understand that I may experience some mild physical side effects from taking the medications.

- I understand that the data I provide may be used, in aggregate form, in future research publications.
- I understand that the data I provide will be kept in confidence to the researchers.
- I understand that taking part in this research will involve about one hour of my time over an in-person session, and a brief, online follow-up questionnaire that will take place 24 hours following my in-person session.
- I understand that my participation or non-participation in this research will not affect my academic relationships with the researchers and University of Auckland staff members who are involved in this study, nor will it affect my university grades received from any papers taught by such University of Auckland staff member.
- I understand that my participation in this research will entitle me to receive a \$50 Westfield gift card.
- I understand that data will be kept for 6 years, after which they will be destroyed.
- I understand that I can opt to receive the study findings when available. If you would like to receive the study findings, please leave your email address on this form.

Name _____

Signature _____ Date _____

Email address (for study findings) _____

