

Consent Form

STUDY REFERENCE NO: _____

Please read each statement and tick each box if you agree.

I have read and understood the information about this research project.

I have been given enough time to consider, review and discuss this study with my whānau/family and decide whether or not to participate in this study.

My questions about the research project have been answered.

I understand that my participation in this research project is voluntary (my choice).

I understand that information collected from me will be confidential and that no material, which could identify me personally, will be used in any reports on this study.

I understand that the information will be seen by the research team, by my nurse or GP and will also be held on the National Cervical Screening Programme Register, Éclair and TestSafe.

I agree to take part in this research project.

I understand that my sample will be tested for some types of human papillomavirus (HPV).

Further testing: I give my permission for my sample to be tested for other types of HPV, to help us understand their role in causing cancer or for clinical management. I understand that this is the only testing that my sample will receive.

Yes

No

I give my permission to be re-contacted by the research team if they want me to answer other questions or give more information.

Yes

No

I want to receive a copy of the summary of the results of the research project.

Yes

No

Name of participant _____

Signature _____

Email (if you want a summary of the results emailed) _____

Family/whānau member:

Name

Address or email/phone