

CONSENT FORM

Serratus anterior plane block in addition to protocolised care bundles for patients with rib fractures in the Emergency Department - a randomised control study.

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A/Prof B BURNS (FACEM), Dr. K TSACALOS (FACEM), Dr D GAETANI (FACEM),
A/Prof G LUSCOMBE (PhD) and Prof K CURTIS (RN PhD)

1. I,
of
agree to participate in the study described in the participant information statement set out attached to this form.
2. I acknowledge that I have read the participant information sheet, which explains why I have been selected, the aims of the study and the nature and the possible risks of the investigation, and the statement has been explained to me to my satisfaction.
3. Before signing this consent form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm I might suffer as a result of my participation and I have received satisfactory answers.
4. I understand that I can withdraw from the study at any time without prejudice to my relationship with the hospital.
5. I agree that research data gathered from the results of the study may be published, provided that I cannot be identified. This data may also be used for future studies so long as I cannot be identified.
6. I understand that if I have any questions relating to my participation in this research, I may contact Dr Christopher Partyka, on telephone 02 8738 3950, who will be happy to answer them.
7. I acknowledge receipt of a copy of this Consent Form and the Participant Information Sheet.

----- Signature of person responsible	----- Please PRINT name	----- Date
----- Signature of witness	----- Please PRINT name	----- Date
----- Signature of investigator (if applicable)	----- Please PRINT name	----- Date

I hereby revoke my consent Signature: (dd / mm / yy) Witness: (dd / mm / yy)