



**MEDICAL AND  
HEALTH SCIENCES**

Faculty of Medical and Health Sciences

The University of Auckland

Private Bag 92019

Auckland 1142

New Zealand

### **Effects of Relaxation on Wound Healing**

#### **PARTICIPANT CONSENT FORM**

*This form will be stored for a period of 6 years.*

Researchers: Dr. Elizabeth Broadbent (Supervisor), Mikaela Law (Co-Supervisor, PhD student), Kate Loveys (Co-Supervisor, PhD student) and Isabella Pickering (Master's student).

- I have read the Participant Information Sheet and have understood the nature of the research.
- I understand that participation in this study is voluntary and will take me approximately 90 minutes to complete.
- I know that I can withdraw my participation at any time without giving an explanation and I can withdraw any data traceable up to two weeks after completing the study if I wish, in which case the data will be securely destroyed.
- I know who to contact if I have any questions about the study.
- I have had the opportunity to ask questions and have them answered to my satisfaction.
- I have had the opportunity to talk with whānau before participating in the study if appropriate.
- I understand that my responses will be used for data analyses.
- I understand that the overall results may be published in a scientific journal but will not include any information that could identify me.
- I understand that participation in the study is confidential and that no material which could potentially identify me will be used in any reports or shared with any individual or organisation.
- I understand that during the experiment I will be subjected to a tape stripping procedure which may cause slight discomfort and redness of the skin, but this should disappear within 24 hours. If skin irritation persists, I understand I can contact University Health Services on 09 923 7681 to make an appointment with a doctor or contact the researchers to organise to see the study's dermatologist.
- I understand that there is cultural support available by contacting the administrator for He Kamaka Waiora (Māori Health Team) on 09 486 8324 ext 2324.

- I understand that my salivary samples will be stored securely at the University of Auckland at -20 degrees Celsius and will be sent to Austria for analysis after which they will be disposed of, and not used for any future research.
- I understand that throughout the experiment, I will complete a series of questionnaires, which include answering questions about my demographics, health behaviours, levels of stress, pain, anxiety and relaxation and opinions on relaxation delivery.
- I understand that any audiovisual data collected by the technology used in this study will not be stored or analysed in any way by the researchers.
- I agree to the terms related to technology confidentiality. Specifically, I acknowledge and agree that I will not make any video and/or audio recordings or take any photographs of the research or my participation in the research. I will not publish any articles (including any video and/or audio content) or make or authorize any public comments relating to or referring to the research or my participation in the research. I do not work for or contribute to any media organization.
- I understand that the research data (including questionnaires, physiological, and wound healing measurements) will be stored securely in the University of Auckland, Department of Psychological Medicine for six years, after which it will be disposed of by shredding/deleting according to whether it is hard copy or electronic. Participant names will only appear on the consent form, which will be coded with a participant identification number so that your identity is kept confidential on all questionnaire, physiological and wound healing data files.
- I am not aware of any reason why I should not participate in this research.
- I am aware that by taking part in this study I will be given a \$30 Westfield voucher as koha for agreeing to take part in this research, irrespective of whether I complete the study.

I agree to take part in this research.

Name.....

Signature.....

Date.....

I wish to receive a summary of the research findings.

Please email me at: .....

If you have any questions, please feel free to email the researcher at [jp652@aucklanduni.ac.nz](mailto:jp652@aucklanduni.ac.nz)

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON  
XX/XX/2021 for 3 years, Reference Number XXXXXX.