**Consent Form -** *Adult providing own consent*

Title Spray application of skin antisepsis in head

and neck surgery

Protocol number 1.1

Project sponsor Chris O’Brien Lifehouse

Co-ordinating Principal investigator Professor Jonathan Clark

Associate investigator Dr Jonathan Fussey

Location Chris O’Brien Lifehouse

**Declaration by Participant**

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without affecting my future health care.

I understand that I will be given a signed copy of this document to keep.

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|  | Name of Participant (please print) | |  |  |  |  |
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|  | Signature |  | | Date |  |  |
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|  | Name of Witness\* to Participant’s Signature (please print) | |  | | |  |
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|  | Signature |  | | Date |  |  |
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\* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

**Declaration by Study Doctor/Senior Researcher†**

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

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|  | Signature |  | | Date |  |  |
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† A senior member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.

**Form for Withdrawal of Participation -** *Adult providing own consent*

Title Spray application of skin antisepsis in head

and neck surgery

Protocol number 1.1

Project sponsor Chris O’Brien Lifehouse

Co-ordinating Principal investigator Professor Jonathan Clark

Associate investigator Dr Jonathan Fussey

Location Chris O’Brien Lifehouse

**Declaration by Participant**

I wish to withdraw from participation in the above research project and understand that such withdrawal will not affect my routine treatment, my relationship with those treating me or my relationship with Chris O’Brien Lifehouse.

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|  | Name of Participant (please print) | |  |  |  |  |
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|  | Signature |  | | Date |  |  |
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**Declaration by Study Doctor/Senior Researcher†**

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the participant has understood that explanation.

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|  | Name of Study Doctor/  Senior Researcher† (please print) | |  | | |  |
|  | | | | | |  |
|  | Signature |  | | Date |  |  |
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† A senior member of the research team must provide the explanation of and information concerning withdrawal from the research project.

Note: All parties signing the consent section must date their own signature.