

Consent Form

Epilepsy Research using the Internet.

Collection of information about seizures and treatment via the Internet

REQUEST FOR INTERPRETER

(to be included on all consent forms)

English	I wish to have an interpreter.	Yes	No
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero.	Ae	Kao
Cook Island	Ka inangaro au i tetahi tangata uri reo.	Ae	Kare
Fijian	Au gadreva me dua e vakadewa vosa vei au	Io	Sega
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu.	E	Nakai
Samoan	Ou te mana'o ia i ai se fa'amatala upu.	Ioe	Leai
Tokelaun	Ko au e fofou ki he tino ke fakaliliu te gagana Peletania ki na gagana o na motu o te Pahefika	Ioe	Leai
Tongan	Oku ou fiema'u ha fakatonulea.	Io	Ikai
	Other languages to be added following consultation with relevant communities.		

- I have read and I understand the information sheet “**Epilepsy Research using the Internet. Collection of information about seizures and treatment via the Internet.**” dated 23rd January 2009.
- I understand that this study is to try to learn more about the best management for different sorts of seizures.
- I understand that information about my seizures will be transmitted via a secure link to a central computer over the Internet.
- I understand that this information will be available to the neurologist who is involved in managing my seizures.
- I understand that taking part in this study is voluntary (my choice) and that I can withdraw from the study at any time and this will in no way affect my continuing health care.
- I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on this study.
- I have had the opportunity to discuss this study. I am satisfied with the answers I have been given. I have had time to consider whether to take part.
- I have had the opportunity to use family / whanau support or a friend to help me ask questions and understand the study.
- I understand that I do not have to keep taking treatment if it appears to be harmful to me.
- I know who to contact if I have any questions about the medication or the study.

Consent Form

- I agree to my GP or other current provider being informed of my participation in this study

YES / NO

- I would like other doctors in New Zealand who are participating in this International Pilot Study to have access to the information about my epilepsy that is stored in the database

YES / NO

- I would like all the information about me that is stored in the database as part of this trial deleted at the end of the International Pilot study

YES / NO

I _____ (full name) hereby consent to take part in this study.

Date

Signature

Project explained by:

Project role:

Signature:

Date

Dr Peter Bergin, Principal Investigator

President of the New Zealand Chapter of the International League against Epilepsy

Contact Phone Number 09 307 4949 * 25663

Co-investigators:

Dr Paul Timmings Hamilton co-ordinator - Neurology Department, Waikato Hospital.

Dr Deborah Mason, Christchurch co-ordinator - Neurology Department, Christchurch Hospital

Dr Anna Ranta, Palmerston North co-ordinator - Neurology Department, P.North Hospital

Dr Nicole McGrath Whangarei co-ordinator - Department of Medicine, Whangarei Hospital

Notes:

1. *A copy of the consent form to be retained by participant and a copy to be placed in the medical file.*