

Professor Stan Sidhu

ENDOCRINE SURGEON

MBBS FRACS PhD



Health
Northern Sydney
Local Health District

PARTICIPANT CONSENT FORM

DATABASE STORAGE

Royal North Shore Hospital Endocrine Database (RNSH Endocrine Database)

I,(name)
of (address)

agree to participate as a subject in the study described in the Participant Information Sheet set out above.

1. 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 with regards to data storage and privacy with the database, and the database has been explained to me to my satisfaction.
2. Before signing this consent form, I have been given the opportunity of asking any questions relating to any possible harm I might suffer due to a data or privacy breach of the database as a result of my participation and I have received satisfactory answers.
3. I understand that I may be able to have my research data deleted and this will not prejudice my relationship to the investigators or Royal North Shore Hospital.
4. I agree that research data gathered from the results of the study may be published, provided that I cannot be identified.
5. I understand that if I have any questions relating to my participation in this research, I may contact RNSH Endocrine Database manager (Ph: +61 2 9463 1473) who will be happy to answer them.
6. I acknowledge receipt of a copy of this Consent Form and the Participant Information Sheet.
7. I give my permission to be contacted with results of this research Yes No

Complaints may be directed to the Research Office on Level 13, Kolling Building, Royal North Shore Hospital, St Leonards NSW 2065

Phone 02 9926 4590 | email NSLHD-research@health.nsw.gov.au

Signature of participant Please PRINT name Date

Signature of witness Please PRINT name Date

Signature of investigator Please PRINT name Date

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The custodians charged with ensuring appropriate standards are met in storing and managing the RNSH Endocrine Database will have access to your data. Researchers involved in research approved by a Human Research Ethics Committee may also have access to your data. Access to your data for research will be controlled by the RNSH Endocrine Database manager.

5. 'Will I be able to get my data deleted if I change my mind once it has been stored in the 'databank'?'

You will be able to request your data to be deleted from the database and not to be used for research if you request.

6. 'Who should I contact if I have concerns about the conduct of this study?'

This study has been approved by the Northern Sydney Local Health District HREC. Any person with concerns or complaints about the conduct of this study should contact the Research Office who is nominated to receive complaints from research participants. You should contact them on 02 9926 4590 and quote 2020/ETH02787.

**Thank you for taking the time to consider this study.
If you wish to take part in it, please sign the attached consent form.
This information sheet is for you to keep.**

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DATABASE STORAGE Royal North Shore Hospital Endocrine Database

WITHDRAWAL OF CONSENT

I hereby wish to **WITHDRAW** my consent to participate in the bank described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with the investigators or Royal North Shore Hospital.

Signature

Date

Please PRINT Name

Revocation of Consent should be forwarded to:

Dr Ahmad Aniss
Database Manager
Endocrinology Department
Admin B3, Level 3, St Leonards NSW 2065
Royal North Shore Hospital
Ph: +61 2 9463 1473

