



## Participation Form

**Title of Study:** Study of Whole Blood in Frontline Trauma in Aotearoa (SWiFT Aotearoa): *A Randomized Controlled Feasibility Trial Assessing Prehospital Platelet-Rich Whole Blood versus Platelet-Poor Whole Blood in Traumatic Haemorrhage*

**Chief Investigators:** Dr Alana Harper  
Dr Richard Charlewood

**Sponsor:** New Zealand Blood Service

**Participant Name:** \_\_\_\_\_

**Participant Date of Birth:** \_\_\_\_\_ **Participant Number:** R \_\_\_\_\_

REQUEST FOR INTERPRETER	
English	I wish to have an interpreter.
Māori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero.
Cook Island	Ka inangaro au i tetahi tangata uri reo.
Fijian	Au gadreva me dua e vakadewa vosa vei au
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu.
Samoaan	Ou te mana'o ia i ai se fa'amatala upu.
Tokelaun	Ko au e fofou ki he tino ke fakaliliu te gagana Peletania ki na gagana o na motu o te Pahefika
Tongan	Oku ou fiema'u ha fakatonulea.

I have read and understood the Guardian Information Sheet (v3.0, dated 30May25) for the SWiFT study. I have had the opportunity to ask questions.

I understand that my child has already received a transfusion prior to hospitalisation. I also understand that this decision was made in their best medical interests. This form covers their preference regarding continued participation in the study.

When complete; original to study team, 1 x copy to patient, 1 x copy to medical notes & 1 x copy to GP.

I understand that my child's participation in this research study is voluntary. I am free to withdraw them at any time, without giving any reason. Not participating or withdrawing from the study will not affect their medical care or legal rights in any way.

I understand that relevant sections of my child's medical notes and data collected during the trial may be looked at by New Zealand Blood Service, Health New Zealand | Te Whatu Ora and Northern Rescue Helicopter Limited. This review will only be where it is relevant to them taking part in this research. I agree that these individuals can access my child's records.

I understand that the allocation of unique codes will de-identify my child's information. The information will remain confidential and only be used for research.

I agree that my child's family doctor/GP will be informed of their participation in this study.

I understand that my child's NHI number and date of birth will be used to access my child's relevant health information for this study from other organisations: New Zealand Blood Service, Health New Zealand | Te Whatu and Northern Rescue Helicopter Limited.

I understand that I have the right to request access to my child's information held by the research team. I also have the right to request that any information I disagree with is corrected.

I agree to information already collected about my child being used in this study.

Yes  No  N/A

I agree to my child continuing their participation in the study follow up.

Yes  No  N/A

I wish to receive a copy of the study results.

Yes  No  N/A

**Declaration by Patient's Guardian:** I hereby consent to my child continue taking part in this study.

Patients's name: \_\_\_\_\_

Guardian's name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/MMM/yy)

**Declaration by person taking consent:** I have given a verbal explanation of the research study to the patient's guardian and have answered the participant's questions about it. I believe that the patient's guardian understands the study and has given informed consent to participate.

Researchers name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/MMM/yy) Time: \_\_\_\_\_ (hh:mm)

Interpreter's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_