



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 tetai 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.

- 1) I have read and understood the Participation Information Sheet (version 4.0, dated 10Jul25) for the SWIFT study. I have had the opportunity to ask questions.
- 2) I understand that I have already received a transfusion prior to hospitalisation. I also understand that this decision was made in my best medical interests. This form covers my preference regarding continued-participation in the study.
- 3) I understand that my participation in this research study is voluntary. I am free to withdraw at any time, without giving any reason. Not participating or withdrawing from the study will not affect my medical care or legal rights in any way.
- 4) I understand that relevant sections of my medical notes and data collected during the trial may be looked at by New Zealand Blood Service, Te Whatu Ora and Northern Rescue Helicopter Limited. This review will only be where it is relevant to my taking part in this research. I agree that these individuals can access my relevant records.
- 5) I understand that the allocation of unique codes will de-identify my information. The information will remain confidential and only be used for research.
- 6) I agree that my family doctor/GP will be informed of my participation in this study.
- 7) I understand that my NHI number and date of birth will be used to access my relevant health information for this study from other organisations: New Zealand Blood Service, Te Whatu Ora and Northern Rescue Helicopter Limited and the NZ National Trauma Network.
- 8) I understand that I have the right to request access to my 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 me to be used in this study; however I do not wish to continue to participate in the study follow up.

Yes No N/A

I agree to information already collected about me to be used in this study and wish to continue to participate in the study follow up.

Yes No N/A

I would like to receive a summary of the study result:

Yes No

Declaration by Patient:

I hereby consent to continue taking part in this study.

Participant'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 and have answered the participant's questions about it.

I believe that the patient 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 _____

When completed: Original copy for the researcher site file,
1 copy to be kept in the patient's medical notes,
1 copy for the patient
1 copy to be sent to the GP