



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.
Samoan	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 the Information Sheet (version 3.0 dated 10Jul25) and this Informed Assent Form (version 3.0 dated 10Jul25), or someone has read it to me.
- I understand what I will be asked to do during this study.
- I have had time to think about what the study involves for me.
- I have discussed it with the doctor/study staff, and they have answered my questions.
- I understand that I can change my mind later.
- I understand that whatever I decide, my medical care will not be affected.
- I understand that I will be able to keep a copy of the Information Sheet and this Assent Form.

- Yes, I would like to be a part of** the SWiFT study.
- No, I would not like to be part of** the SWiFT study.

Participant’s Confirmation for Assent:

Name of Patient	Signature	Date
_____	_____	_____

Person undertaking assent:

Name of Researcher	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/relative/friend
 1 copy to be sent to the GP