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.

Questions

- Have you read the information sheet (or had it read to you)?
- Has the study doctor or nurse explained this study to you?
- Do you understand what this study is about?
- Have you asked all the questions you want?
- Are you happy to take part in this research study?

If any answers are **"no"** or you **don't** want to take part, **don't** sign your name!

If you **do** want to take part in this study, please write your name and today's date below.

You will be given a copy of this signed form and the information sheet.

Participant's Confirmation for Assent:

Name / Signature of Patient	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