

SHIVERS-II

Consent Form – Adult (Participant)

I, _____, consent to take part in this study by signing this document.
(print full name of participant)

1. I have read and understood the participant information sheet. I have been able to have my questions about this study answered.
2. I understand that taking part in this study is voluntary (my choice), that I may stop taking part in the study at any time, and this will not affect my current or future health care.
3. I understand that my taking part in this study is confidential. My name, address, and other information that could identify me will not be used in study reports or any study results shared publically including data that will be posted on the funder (United States National Institutes of Health) website.
4. I understand that the privacy of my study information is protected by the laws governing ethical research in New Zealand and this study has ethics approval (NTX11.11.102.AM49) from New Zealand Health & Disability Ethics Committee.
5. I understand that this study has a Certificate of Confidentiality from the United States National Institutes of Health (US NIH) to protect my privacy in the following ways. The researchers can use this Certificate to legally refuse to give information that may identify me in any US federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The researchers will use this Certificate to resist any demands for information that would identify me, except for reporting of notifiable diseases to the New Zealand Ministry of Health.
6. I understand that this US NIH Certificate of Confidentiality does not protect information in my existing medical records.
7. I understand that study communications will be mainly electronic (email, text/SMS message, and online survey), and that the study will provide compensation to cover this and other study-related costs.
8. I understand the compensation provisions in case of injury during the study.
9. I understand that the study cannot guarantee the security of electronic responses to study communications.
10. I understand samples collected from me will be sent to ESR's National Influenza Centre in Upper Hutt.
11. I understand that a small amount of my samples will be sent to the St Jude Center of Excellence for Influenza Research and Surveillance (SJCEIRS) in Memphis, Tennessee for some testing that cannot be done at ESR. My name and other identifiable information will be removed, so that overseas researchers will not be able identify me when the samples are sent overseas.
12. I understand that my samples (blood/swab) and the information that I provide will be stored securely for ten years and then will be destroyed according to appropriate procedures.
13. I consent to the SHIVERS-II study staff to collect and process my information, including information about my health.
14. I understand that my General Practitioner (GP) will be given my swab test results. I can ask my GP for these results, if they are available.
15. I understand that information may be collected from my GP medical records, my workplace influenza vaccination records and from NZ health registries.
16. I know whom to contact if I have any questions about the study.
17. The overall study findings will be published in medical papers and on the SHIVERS-II website (www.shivers.org.nz). I know I can contact ESR for a copy of the overall findings.

You can choose whether or not you want to consent to the following study activities.

Please circle your response

I agree that my samples (blood/respiratory swab) may be tested more to help answer questions about influenza and/or other respiratory viruses, if required for public health action, such as in the case of an influenza epidemic or pandemic.	Yes	No
If I decide to withdraw from the study, I agree that the information collected up to the point of my withdrawal may continue to be processed.	Yes	No

Participant signature _____

Date: ___/___/2020
dd/mm/yyyy

Thank you for participating in this study

Please feel free to contact the researchers if you have any questions about this study.
For further information please phone: Dr. Sue Huang, WHO National Influenza Centre, Phone 04 529 0600