Consent Form

THIS FORM WILL BE HELD FOR A PERIOD OF SIX YEARS

Project title: Clinical utility of Quantum Molecular Resonance treatment for dry eye disease

Study investigators: Mr Ryan Mahmoud, Prof Jennifer P. Craig, Ms Catherine Shon

Research assistants: Ms Summer Sobeh, Dr Alex Muntz

I, __________________________, have read and understood the details of the study described in the Participant Information Sheet, the nature of the research, why I’ve been selected, and the time involvement. I confirm that I’m providing my consent prior to any study-related activities being conducted.

- I agree to take part in this research study to evaluate the potential benefits of a commercially available therapeutic device (Rexon Eye) on the tear film and ocular surface quality over a 3-month period following a 4-week course of treatment.
- I have had the opportunity to discuss this study, to use a whānau support or friend as appropriate, and I am satisfied with the answers I have been given.
- I understand that taking part in this study is voluntary (my choice), that I may withdraw from the study at any time, and withdraw my data from the study up to two weeks after my last clinic visit.
- I understand that the study data will be kept secure, with access only to the researchers, and that the de-identified data will be retained indefinitely for analysis, publication of the study, and comparison to future studies.
- I understand that the study results might be submitted for scientific publication or presentation at conferences but that I will not be individually identifiable in any report.
- I understand that the de-identified data originating from this project may be collated with existing and/or future data to strengthen the study and allow the provision of better information for clinicians treating patients who suffer from dry eye.
- If I am a student at the University of Auckland, I understand that participation or non-participation will in no way influence my academic progress.
- If I receive clinical care from any of the researchers, I understand that participation or non-participation will in no way influence the clinical care I receive.
- I understand that my participation in this study is confidential and that no material, which could identify me, will be used in any reports on this study.
- I know whom I can contact if I have any further questions about the study.
- I am happy for the researchers to inform me of any incidental finding(s) detected during examination, and to arrange for referral or management of the finding, as appropriate.
- I am happy for the researchers to contact me 6 and 12 months after completing treatment to offer me a free clinical assessment to check how long the treatment effects last.
- I understand that I should endeavour to stick to my usual dry eye routine during the course of the study, and to inform the researchers if any alterations are necessary.
- I understand I should minimise lubricant eye drop use during the trial and not apply drops on study assessment days.
- I would like to receive a summary of the research findings: YES / NO
  If so, please include an email address: __________________________________________

I hereby consent to take part in this study:

Signed: __________________________ Date: ____/____/____

Project explained by: __________________________ Signature: __________________________

Project role: __________________________ Date: __________________________