CONSENT FORM

THIS FORM WILL BE HELD FOR A PERIOD OF SIX YEARS

Project title: Diagnosing Inflammation in Dry Eye Disease

Researchers: Professor Jennifer P. Craig, Ms Catherine Shon, Mr Isaac Samuels, Dr Alex Muntz

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

- I agree to take part in this research study to evaluate clinical tests of inflammation in dry eye disease. I understand that the time required for the single clinic visit will last up to 1 hour.
- 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 my decision, that I may withdraw from the study at any time, and withdraw my data from the study up to two weeks after my clinic visit.
- I understand that tissue samples: conjunctival cells and tear fluid will be collected at the study appointment.
- I understand that clinical data will be kept for six years in locked filing cabinets, after which time they will be safely destroyed, and that de-identified data will be stored indefinitely on a password protected University of Auckland Research Drive.
- 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, or a patient of, the University of Auckland, I understand that participation or non-participation will in no way influence my academic progress or clinical care, respectively.
- 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 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: ___________________________

Approved by the Auckland Health Research Ethics Committee on 27 July 2021 for three years. Reference number AH22183.