CONSENT FORM

Project: New spectacle lens design for myopia control: ocular effects

This form will be held for a period of 6 years, after which it will be destroyed

Research Team:
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I have read the Participant Information Sheet and have understood the nature of the research and why my child has been selected. I have discussed this project with my child and we have had the opportunity to ask questions and have them answered to our satisfaction.

- I agree for my child to take part in this research and understand that we will be asked to visit the eye clinic for two hours on two separate days and at about the same time of day, for a total time of up to four hours.
- I understand that my child’s participation is voluntary and I am free to withdraw them from the study at any time, without giving a reason by notifying the researchers of my wish to do so, as well as to withdraw any data traceable to them up to one month after data collection.
- I understand that the researchers are fully qualified optometrists and will be available to deal with any adverse effects, following standard protocols in the University Optometry Clinic. I agree to have my child referred for further investigation, should significant abnormalities in their eyes be found.
- I understand that participation or non-participation in the study will bear no penalties or loss of benefits with regard to the services provided to me and my child by the University of Auckland Optometry Clinic.
- I understand that the information about my child’s identity will remain confidential. All the data collected from them will be stored securely, in locked cabinets and on secure computer networks and only the investigators will have access to this information. Only de-identified data will be made available to Essilor.
- I understand that I will be offered a voucher for spectacle lenses as an appreciation of my time and given an opportunity to accept or decline it or seek recompense in an equivalent or culturally appropriate manner and that my child will also be offered a small gift in appreciation of their taking part in the study.

Child’s Name: ………………………………………………………………………

Parent/Guardian’s Name (print name): ……………………………………………………………………………..

Signature: ………………………………………. Date:  …………………………

□ I wish to receive a copy of summary results of this study (Email: ……………………………………………………………………………..)

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE
ON 25/10/2018 for (3) years, Reference Number 022140