

Acute post streptococcal glomerulonephritis

Consent Form

7 July 2007

Principal Investigator: Dr William Wong

English	I wish to have an interpreter.	Yes	No
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero.	Ae	Kao
Samoan	Oute mana'o ia iai se fa'amatala upu.	Ioe	Leai
Tongan	Oku ou fiema'u ha fakatonulea.	Io	Ikai
Cook Island	Ka inangaro au i tetai tangata uri reo.	Ae	Kare
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu.	E	Nakai

1. I have read and I understand the information sheet dated 7 March 2007 for volunteers taking part in the study
2. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.
3. I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time and this will in no way affect my future health care/continuing health care.
4. 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.
5. I have had time to consider whether to take part in this study
6. I consent for information on my child's acute post streptococcal nephritis to be sent to the NZ Paediatric Unit.
7. I would like a copy of the results to be sent to me. **Yes/No**

Parent

I(full name) consent for my child to take part in this study

Signature Date

Child

I agree to take part in the study

Witness Date

Name of Witness

Project explained by Date

Signature

If you have any concerns or questions about the project, please contact Dr William Wong, Starship Children's Hospital, Auckland 09 307 4949, pager 93 4823