

# CONSENT FORM

## Butterfly Feasibility Study

|                        |                                                                                                |
|------------------------|------------------------------------------------------------------------------------------------|
| Formal Study title:    | Surgical Treatment of stage I – II endometriosis: The Butterfly Feasibility (open pilot) study |
| Protocol number:       | 3                                                                                              |
| Sponsor:               | NA                                                                                             |
| Lead Study Doctor:     | Dr Jessica Dunning                                                                             |
| Contact phone number:  | 02885170053                                                                                    |
| Ethics committee ref.: | 2025 FULL 24069                                                                                |

***Please let your study doctor know if you need an interpreter.***

***Please note a separate surgical consent form will be completed between yourself and the operating surgeon. This consent form is specific to your involvement in the study.***

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I have read, or have had read to me, and I understand the Participant Information Sheet.

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I have been given sufficient time to consider whether to take part in this study.

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I have had the opportunity to use a legal representative, whānau/ family support or a friend to help me ask questions and understand the study.

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I consent to be randomised as part of this study if stage I-II endometriosis is seen, or if no endometriosis is seen to have biopsies taken.

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I am satisfied with the answers I have been given regarding the study and I will be given a copy of this consent form and information sheet.

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I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without this affecting my usual care.

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I consent to the research staff collecting and storing my information, including information about my health, surgical photos and video.

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If I decide to withdraw from the study, I consent for the information collected about me up to the point when I withdraw to continue to be processed.

Yes ☐

No ☐

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I consent to my GP or current provider being informed about my participation in the study.

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I consent to my GP or current provider being informed of any significant abnormal results obtained during the study.

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I agree to an approved auditor appointed by the New Zealand Health and Disability Ethics Committees, or any relevant regulatory authority or their approved representative reviewing my relevant medical records for the sole purpose of checking the accuracy of the information recorded for the study.

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I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.

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I understand the compensation provisions in case of injury during the study.

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I know whom to contact if I have any questions about the study in general.

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I understand my responsibilities as a study participant.

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I wish to receive a summary of the results from the study. Yes ☐ No ☐

**Declaration by participant:**

I hereby consent to take part in this study.

Participant's name:

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Signature:

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Date:

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**Declaration by member of research team:**

I have given a verbal explanation of the research project to the participant and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate.

Researcher's name:

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Signature:

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Date:

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