



## **Consent Form**

**Project Title:** *Acupuncture for weight loss in Polycystic Ovary Syndrome: a feasibility study*

**I hereby consent to participate in the above named research project.**

**I acknowledge that:**

- I have read the participant information sheet (or where appropriate, have had it read to me) and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s
- The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.

**I consent to:**

- Avoiding pregnancy for the duration of the study*
- Answering surveys about my health*
- My blood pressure, weight, height, and waist measurement being taken at two clinic visits*
- My heart rate monitored using a hand-held monitor and an electrocardiograph machine at two clinic visits*
- Having blood tests taken before and after treatment, including a two hour Oral Glucose Tolerance Test*
- Enrolling and participating in the GetHealthy NSW program*
- Attending for 11 body acupuncture treatments, if I am randomised to this group*
- Attending for 6 ear acupuncture treatments and wearing the ear acupuncture device for up to 96 hours at a time, if I am randomised to this group*
- Wearing an accelerometer for 5-7 days before and after the study*
- Recording the first day of my menstrual period for 12 weeks in a menstrual calendar*
- Being contacted by telephone at 3 and 6 months after completion of the study to see if I have fallen pregnant*

**I consent for my data and information provided to be used for this project.**

**I understand that my involvement is confidential and that the information gained during the study may be published but no information about me will be used in any way that reveals my identity.**

**I understand that I can withdraw from the study at any time without affecting my relationship with the researcher/s, and any organisations involved, now or in the future.**

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This study has been approved by the Human Research Ethics Committee at Western Sydney University. The ethics reference number is: H11973

**What if I have a complaint?**

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through Research Engagement, Development and Innovation (REDI) on Tel +61 2 4736 0229 or email [humanethics@westernsydney.edu.au](mailto:humanethics@westernsydney.edu.au).

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.