

Informed Consent Document: Data Usage



University of Cape Town
Psychology Department
Telephone: +27 21 650-3430
Fax: +27 21 650-4104

Investigating the neuropsychological effect and long term outcomes of concussions among high school rugby players

Informed Consent for your child's data collected in the study "Investigating the neuropsychological effect and long term outcomes of concussion among high school rugby players" to be used in future research.

As you have agreed to have your child take part in the study titled "Investigating the neuropsychological effect and long term outcomes of concussion among high school rugby players", it is possible that some of the information collected might be copied into a "limited data set" to be used for future research purposes. If so, the limited data set will only include information that does not directly identify your son – his identity will remain confidential. Data will be labeled using participant numbers rather than names, so that they cannot be used to directly identify any particular individual. A separate and private log will be used simply to relate participant names to numbers in the event that a participant needs to be contacted or contacts the Principle Investigator. This contact will only be with the Principle Investigator or Nicholas Reid.

The data collected as part of the titled study may be used to compliment further research in the field of concussion and head injuries in the future, and it provides researchers at UCT with a very specific and unique data set. Data from this current study may, for example, be compared to, or collated with, data collected in future related research projects. Research ethics approval will be obtained before any future use of data.

However, the researchers involved in this study will only keep the data for a maximum of 5 years following the final hand-in of the PhD thesis pertaining to Nicholas Reid for which this project is intended. Once this time has elapsed, all data pertaining to individual participants stored on the computers will be permanently deleted, and all hard copies of this data will be shredded.

All information collected will be stored in locked filing cabinets and on computers with security passwords, in a secure computer lab at the University of Cape Town. Only certain people - the researchers for this study and certain University of Cape Town officials - have the legal right to review these research records. Your son's research records will not be released without your permission unless required by law or a court order.

Please note that the future storage of data is optional, and that your son can take part in the main study without your consenting to future storage of data.

Can you withdraw your child’s data from future use?

You may withdraw your consent to your child’s participation and the intended future storage periods of five years after the data have been collected at any stage during the course of the study, without any penalty to you or your child.

If you have a complaint or complaints about your son’s rights and welfare as a research participant, please contact the University of Cape Town, Faculty of Health Sciences Human Research Ethics Committee.

Tel: 021 406 6492

E-mail: sumaya.ariefdien@uct.ac.za

Dissemination of research findings

Your son’s school will be provided with a report on any future analysis of the data collected in this study. It is the aim that these future reports be published in an academic journal in order to widen the knowledge base of concussion in rugby.

Signatures

As a representative of this study, I have explained to the participant’s (child’s) parents how the participant’s performance and other data will be collected, stored for possible use in future studies.

Signature of Person Obtaining Consent and Authorization

Date

You have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time.

You voluntarily agree for your child’s data to be stored for future use. You hereby authorize the collection, use and sharing of your performance and other data. By signing this form, you are not waiving any of your legal rights.

Signature of Person Consenting and Authorizing

Date

Relationship to child participating in the study: parent / legal guardian

Name of Participant ("Study Participant" – the child)

Authorization for _____ data to be stored for future use.

Parent / legal guardian cellphone number: _____

Parent / legal guardian email address: _____