AUSPICE
Australian Study for the Prevention through Immunisation of Cardiovascular Events

Consent Form for AUSPICE, Canberra, Version 7c; 6/07/2017

I agree to participate in the AUSPICE project and give my consent freely, understanding that:

- The project will be conducted as described in the Information Statement, a copy of which I have retained.
- I can withdraw from the project at any time, without giving a reason, and without disadvantage. I will also have the option of withdrawing my data.
- My consent will continue to be valid following death or disablement unless withdrawn by my next of kin or other responsible person.
- I will not receive a copy of any individual results.

I consent to:

- Attend one clinic visit, where I will either receive the pneumococcal vaccine or a saline injection. I understand that I will not be told which one I have been given until either the completion of the trial or I withdraw from the study.
- Complete some questionnaires and have measurements related to my health collected at the clinic visit.
- The research team accessing and linking state-based and national health records relating to me, including hospital, cancer, death, pneumococcal and influenza notifications, and the Department of Human Services records. Access to your health records may pre-date the start date of this study by up to 10 years, and continue for 10 years following your clinic visit.

I give permission for the storage and use of my data for the purpose of:

1. this research project Yes ☐ No ☐

2. future research projects that may or may not be related to this research project Yes ☐ No ☐

Name: _____

Signature: _____ Date: _____

THE UNIVERSITY OF NEWCASTLE AUSTRALIA · Australian National University · Flinders UNIVERSITY · CANBERRA HOSPITAL AND HEALTH SERVICES · THE UNIVERSITY OF WESTERN AUSTRALIA · MONASH University

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Extra Contact Details

Sometimes we find that people have moved when we try and contact them. It would be very helpful if you could nominate someone close to you (a relative or friend) who would be happy for us to contact them if we were unable to reach you. We would only get in touch with that person if we were unable to contact you directly and would need to tell them our reason for contacting you. Please leave this section blank if you do not wish to provide these extra contact details.

Contact person's name: _____

Phone number for contact: _____ Relation to you: (e.g. Sister, Friend) _____

Email address for contact: _____

Participant ID:

PARTICIPANT CONSENT FORM

Consent to release of Medicare and/or Pharmaceutical Benefits Scheme (PBS) claims information for the purposes of the AUSPICE Study.

Important Information

Complete this form to request the release of personal Medicare claims information and/or PBS claims information to the AUSPICE Study.

Any changes to this form must be initialled by the signatory. Incomplete forms may result in the AUSPICE Study not being provided with your information.

By signing this form, I acknowledge that I have been fully informed and have been provided with information about this study. I have been given an opportunity to ask questions and understand the possibilities of disclosures of my personal information.

PARTICIPANT DETAILS

1. Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other: _____

Surname: _____ First name: _____

Other given name (s): _____

Date of birth: _____ *(DD/MM/YYYY)*

2. Medicare card number: _____

3. Permanent address: _____

_____

Postal address *(if different to above)*: _____

_____

AUTHORISATION

4. I authorise the Department of Human Services to provide my **Medicare & PBS claims history** to the AUSPICE Study, for the period*: _____ *(DD/MM/YYYY)* to: _____ *(DD/MM/YYYY)*

☐ Yes

☐ No

*Note: This period cannot exceed 4 ½ years.

PARTICIPANTS'S DECLARATION

I declare that the information on this form is true and correct.

5. Signed: _____ Dated: _____ *(DD/MM/YYYY)*

APP 5 – PRIVACY NOTICE

Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government Department of Human Services. The collection of your personal information by the department is necessary for administering requests for statistical and other data.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

A sample of the information that may be included in your Medicare claims history:

Date of service	Date of Processing	Item number	Item description	Provider charge	Schedule Fee	Benefit paid	Patient out of pocket	Bill type
20/04/09	03/05/09	00023	Level B consultation	$38.30	$34.30	$34.30	$4.00	Cash
22/06/09	23/06/09	11700	ECG	$29.50	$29.50	$29.50		Bulk Bill

Scrambled ordering Provider number*	Scrambled rendering Provider number*	Date of referral	Rendering Provider postcode	Ordering Provider postcode	Hospital indicator	Item category
	999999A		2300		N	1
999999A	999999A	20/04/09	2300	2302	N	2

* Scrambled Provider number refers to a unique scrambled provider number identifying the doctor who provided/referred the service. Generally, each individual provider number will be scrambled and the identity of that provider will not be disclosed.

A sample of the information that may be included in your PBS claims history:

Date of supply	Date of prescribing	PBS item code	Item description	Patient category	Patient contribution	Net Benefit	Scrambled Prescriber number*	Pharmacy postcode
06/03/09	01/03/09	03133X	Oxazepham Tablet 30 mg	Concessional Ordinary	$5.30	$25.55	9999999	2560
04/07/09	28/05/09	03161J	Diazepam Tablet 2 mg	General Ordinary	$30.85		9999999	2530

Form Category	ATC Code	ATC Name
Original	N05 B A 04	Oxazepam
Repeat	N05 B A 01	Diazepam

* Scrambled Prescriber number refers to a unique scrambled prescriber number identifying the doctor who prescribed the prescription. Generally, each individual prescriber number will be scrambled and the identity of that prescriber will not be disclosed.