**MELATONIN FOR INSOMNIA IN PARKINSON’S DISEASE**

**PARTICIPANT CONSENT FORM**

PROJECT TITLE **Using N-of-1 tests to identify responders to melatonin for sleep disturbance in Parkinson’s Disease**

I confirm that I have:

1. Read and understood the *Participant Information Sheet*;
2. Had any questions or queries answered to my satisfaction;
3. Been informed of the possible risks or side effects of the medications, tests or procedures being conducted;
4. Understood that participating in this study will require me to take a tablet every day that will contain either melatonin or no active ingredient (placebo);
5. Been informed that the confidentiality of my information will be maintained and safeguarded; and
6. Agreed to participate in the study, including follow up questionnaires and/or phone calls after the IMET finishes.
7. I consent to my study (± medical**)** records being inspected if necessary for purposes such as ethics committee audits but understand that my name will not be disclosed outside the hospital.
8. I am happy for my doctor (GP and/or specialist)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be contacted by the research team if needed to check my eligibility for the trial and to be told of my study results

Yes No

a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]

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1. I am happy for my anonymous information to be used to answer other questions relating to this research project that may arise in the future.

Yes No

a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]

1. I would like to be informed about the overall results of the study after it is completed

Yes No

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*Participant Date*

Signatures:

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*Principal Investigator or Investigator or Delegate Date*

\*A copy of the Information sheet and the signed Consent Form will be provided to the participant.

 For general enquiries about the study and/or eligibility criteria, please contact:

Suzanne McDonald, Study coordinator at The University of Queensland (works Tuesdays)

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Lisa Mackenzie, Research Assistant at The University of Queensland (works Tuesdays and Thursdays)

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General email for research team at The University of Queensland

[insompd@uq.edu.au](mailto:insompd@uq.edu.au) (general email that is checked regularly)

If you are returning the consent form by post, please return it to:

**Assoc Prof Jane Nikles**

**University of Queensland Centre for**

**Clinical Research**

**Building 71/918 RBWH**

**Herston, Brisbane**

**QLD 4072**