



## Consent Form

**Project Title:** The effect of a topical treatment containing *Hypericum perforatum* (St John's Wort), *Calendula officinalis* (calendula) and *copper sulfate* on oral herpes.

**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 research team.
- 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:**

- ☐ Providing data such as my age, gender and relevant medical history.
- ☐ Having a single vial of topical treatment applied to my cold sore at the pharmacy
- ☐ Coming back to the pharmacy within 24 hours of my lesion healing for visual confirmation
- ☐ If my lesion ulcerates, using a swab at home to take a sample and posting the sample in the envelope provided
- ☐ Providing daily information in an online diary

**I consent for my data and information provided to be used in this project and other related projects for an extended period of time.**

Participation is entirely voluntary and you are not obliged to be involved. If you do participate you can withdraw at any time without giving reason.

**I understand:**

- that my involvement is confidential and that the information gained during the study may be published and stored for other research use but no information about me will be used in any way that reveals my identity but will only be used after additional ethical review.
- 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.

I would like to receive a summary of the study results when they are available.

Please tick: ☐ Yes ☐ No

**Participant to sign:****Signed:** \_\_\_\_\_**Name:** \_\_\_\_\_**Date:** \_\_\_\_\_**Pharmacist/researcher to sign:****Signed:** \_\_\_\_\_**Name:** \_\_\_\_\_**Date:** \_\_\_\_\_

**This study has been approved by the Human Research Ethics Committee at Western Sydney University. The ethics reference number is H12776.**

**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.