ABN 15 211 513 464

CHIEF INVESTIGATOR NAME
Professor Iain McGregor

Level 6, 94 Mallett Street
The University of Sydney
NSW 2050 AUSTRALIA
Telephone: +61 2 9351 0883
Email: iain.mcgregor@sydney.edu.au
Web: http://www.sydney.edu.au/

The Cannabidiol for Acute Psychosocial Stress and Nausea (CAPSTAN) Trial
ENROLMENT CONSENT FORM (HREC Approval No.: 2023/307)

1. I have read and understood the Participant Information Sheet and agree to take part in the CAPSTAN trial.

2. I have had the project, so far as it affects me, and the potential risks and burdens fully explained to my satisfaction by the research team. I have had the opportunity to ask any questions I may have about the project and my participation. My consent is given freely.

3. I have no history of allergy or other adverse reactions to the drug, cannabidiol.

4. Although I understand the purpose of the research project is to improve the quality of health/medical care, it has also been explained to me that my involvement may not be of any benefit to me.

5. I realise my participation in this study is voluntary and that I have the right to withdraw from the study at any stage without prejudice. I also understand that the research team has the right to terminate the study at any stage before completion, without jeopardising my medical care, if they believe this is in my best interests, for non-compliance with study procedures or for other legitimate reasons. If I decide to withdraw from the study, I agree that information collected about me up to the point when I withdraw may continue to be processed.

6. I understand that all information will remain confidential and while the information gained during the study may be published in journal articles, conferences, presentations etc, I will not be identified in any way. I agree to my non-identifiable information being used for future research purposes limited to the work of the University of Sydney.

7. My information will only be used for the purposes of this research, and it will only be disclosed according to the consent provided, except where disclosure is required by law.

8. I understand that access may be required to my medical records for the purpose of this study as well as for quality assurance, auditing and in the event of a serious adverse event and I consent to this access.

9. I am aware that I should keep a copy of this Consent Form, when completed, and a copy of the Patient Information Sheet.

Bawa Z, *et al. BMJ Open* 2024; 14:e082927. doi: 10.1136/bmjopen-2023-082927

10. I agree to have my General Practitioner informed of my participation in this study if required for my medical care and that he/she may divulge details of my past medical history, as he/she sees relevant, to the Investigator.

11. I am aware that I should keep a copy of the completed Consent Form and the attached Participant Information Sheet.

12. I am 18 years of age or over.

This consent form relates to Participant Information Statement Version 1.6_1 December 2023

Participant to complete:

I consent to participate in the CASTAN trial screening procedure and if eligible, I consent to participate in the CASTAN trial.

Name: _____Signature: _____Date: _____

Trial Coordinator to complete:

I have described the nature of the research to _____

print name of participant

and in my opinion, she/he understood the explanation.

Name: _____Signature: _____Date: _____

Bawa Z, *et al. BMJ Open* 2024; 14:e082927. doi: 10.1136/bmjopen-2023-082927