Appendix 1 – Participant Information Statement

PARTICIPANT INFORMATION STATEMENT

Low Risk Chest Pain Outcomes In Emergency Patients.

You are invited to participate in a study of outcomes of patients who are discharged home from the Liverpool Hospital Emergency Department with chest pain. We hope to learn if your recommended follow-up following discharge from the emergency department was completed, and if there were any barriers in getting your tests completed in a timely fashion. You were selected as a possible participant in this study because you presented to the emergency department with chest pain, and you are being discharged home with a recommendation for a stress test to complete your evaluation.

If you decide to participate, we will contact you for a short telephone interview one month after your presentation to the Liverpool Hospital Emergency Department. The interview should not take any longer than 10 minutes.

If you experience any further symptoms of chest pain, prior to your evaluation with a stress test, you should present to Liverpool Hospital Emergency Department, or your closest emergency department for further medical assessment.

We cannot and do not guarantee or promise that you will receive any benefits from this study.

Confidentially and Disclosure of Information.
Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or except as required by law. If you give us your permission by signing this document, we plan to publish the results as part of an internal research project with the University of New South Wales. We also plan to submit the study for publication in a peer reviewed medical journal. In any publication, information will be provided in such a way that you cannot be identified.

Financial Costs.
It is not anticipated that you will incur any additional costs if you participate in this study. You will not receive any payment for participation in this study.

Consent.
Your decision whether or not to participate in this study will not prejudice your present or future treatment, or your relationship with South Western Sydney Local Health District or any other institution cooperating in this study, or any person treating you. If you decided to participate, you are free to withdraw your consent and to discontinue your participation at any time without prejudice.

If you have any questions, please free to ask us. If you have any additional questions later, your study doctor, Dr Kent Robinson (Phone Number 8738 3990) will be happy to answer them.

You are making a decision whether or not to participate. Your signature on the consent form indicates that, having read the information provided above, you have decided to participate.

Complaints may be directed to the Ethics Secretariat, South Western Sydney Local Health District, Locked Bag 7017, Liverpool BC, NSW, 1871. (Phone 9612 0614, Fax 9612 0611, email research.support@sswahs.nsw.gov.au)

You will be given a copy of this form to keep.

Appendix 2 – Consent Form

CONSENT FORM

Low Risk Chest Pain Outcomes In Emergency Patients

1. I , of

Aged years, agree to participate as a subject in the study described in the participant information statement attached to this form.

2. I acknowledge that I have read the Participant Information Statement, which explains why I have been selected, the aims of the study and the nature and the possible risks of the investigation, and the statement has been explained to me to my satisfaction.

3. Before signing this Consent Form, I have been given the opportunity to ask any questions relating to any possible physical and mental harm I might suffer as a result of my participation. I have received satisfactory answers to any questions that I have asked.

4. My decision whether or not to participate will not prejudice my present or future treatment or my relationship with South Western Sydney Local Health District or any other institution cooperating in this study or any person treating me. If I decide to participate, I am free to withdraw my consent and to discontinue my participation at any time without prejudice.

5. I agree that research data gathered from the results of the study may be published, provided that I cannot be identified.

6. I understand that if I have any questions relating to my participation in this research, I may contact the study doctor, Dr Kent Robinson on telephone 9828 3990, who will be happy to answer them.

7. I acknowledge receipt of a copy of this Consent Form and the Participant Information Statement. Complaints may be directed to the Ethics Secretariat, South Western Sydney Local Health District, Locked Bag 7017, Liverpool BC, NSW, 1871. Phone 9612 0614, Fax 9612 0611, email research.support@sswahs.nsw.gov.au

CONSENT FORM

Signature of Subject Signature of Witness

Name of Subject Name of Witness

Date Date

Signature of Investigator _____

Please Print Name _____

Date _____

Appendix 3 – Patient Questionnaire

1. Have you completed a stress test following discharge from the emergency department?

2. What kind of stress test did you have and do you know the result? (Exercise Treadmill Test/Sestamibi Scan/Stress Echocardiography)

3. How soon after your discharge from the emergency department did you get your stress test?

4. Have you seen a cardiologist for review after your stress test?

5. If you did not complete a stress test, what were the reasons for this?

6. While waiting for your stress test, did you have any further episodes of chest pain?

7. If you had chest pain while waiting for your stress test, did you require further evaluation in an emergency department?

8. If you had chest pain while waiting for your stress test, did you require admission to hospital for further evaluation?