**PATIENT INFORMATION SHEET**

## TITLE OF THE PROJECT: Comparison of the point-of-care blood gas analyzer (ABG) versus the laboratory auto-analyzer (AA) for the measurement of electrolytes (NA+ and K +) in emergency department

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Introduction: I hereby invite you to kindly take part in a study I am conducting. This study analyses 2 blood values namely sodium and potassium on 2 different machines (ABG and AA). This study compares if the blood results analyzed in these two machines have similar values or not.

Need for study: To check in emergencies, only ABG blood sample results which are faster can be trustworthy to start treatment without having to wait for central lab (AA) results.

Procedures: The procedure would be done by the emergency physician doctor, there shall be blood sampling done from 2 sites (an artery and a vein). The arterial sample will be taken in a small 5cc syringe and the venous blood sample will be collected in blood collection vials. Sterile techniques will be ensured throughout with minimal discomfort to the patient. Blood drawn will be analyzed on machines for results. *Please note: these procedures mentioned are a standard of care plan and are not performed additionally for the sole purpose of the study.*

Risks & discomfort: Pain during blood drawing, difficulty to prick an artery/ vein during the procedure may require more than one attempt. No other risks/discomforts shall be caused to the patient.

Kindly understand that you may withdraw from the study at any time without this affecting your present/future care. Your participation in this study will be totally voluntary.

The information collected about you in this research and sections of any your medical notes may be looked at by responsible persons (ethics committee members  /Regulatory authorities).You shall give access to these individuals to your records. You will receive a copy of this sheet and the informed consent form. All information procured, transmitted, recorded and analyzed shall be maintained with full confidentiality. There no Conflicts of interest in this study.

Kindly Sign below if you have hereby understood all that you have read above, and further queries if any you shall be free to ask and shall be answered to best of your satisfaction.

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Printed name of the subject in capitals

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Signature / Thumb Impression of subject with Date of signature

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Printed name of the person conducting the Informed consent, Date of Signature informed consent discussion

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Signature of impartial witness with Date and Printed name of the impartial witness in capitals

*Contact details of Principal investigator*: *Contact details of member secretary:*

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