

COMMUNITY CONSULTATION - KCENTRA

Organization: _____

Date: _____

Based on the presentations for the Prehospital Kcentra for Traumatic Bleeding and Shock, please answer the following questions.

1. Will you allow us to conduct a research study in this community of people suffering from a traumatic injury who are unable to give their own informed consent?

YES

NO

2. If you were involved in a major traumatic event and had severe bleeding, would you want to be enrolled in this type of study?

YES

NO

3. If a close friend or family member of yours was involved in a major traumatic event with severe bleeding, would you want them to be enrolled in this type of study?

YES

NO

Are there any questions or concerns you would like to let the investigator know about?
Please write here:

Age: _____ Gender: _____ Ethnic Background: _____

For additional questions and/or concerns, please feel free to contact the Trauma Research office at 206-897-1779 or boost3@uw.edu

WE THANK YOU FOR YOUR PARTICIPATION TODAY!!