

Hospital name: _____ Study number:

Baby's first name (BLOCK CAPITALS)

Baby's last name (BLOCK CAPITALS)

PLEASE INITIAL BOX

1. I confirm that I have read the SurfON Parent Information Leaflet (Version 3.0, 27/05/2020) for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that participation is voluntary and that I am free to withdraw my baby and myself from the study at any time without giving any reason, and that our present or future medical care or legal rights will not be affected.
3. I understand that relevant sections of medical records and data collected during the study relating to me or my baby may be looked at by staff from the research team, sponsor, funder, regulatory authorities and this NHS Trust. I give permission for these individuals to have access to these records where it is relevant to taking part in this research.
4. I agree to personal identifiable information relating to myself and/or my baby being collected, stored and used by the coordinating centre (NPEU CTU) in the University of Oxford. This is on the understanding that any information will be treated confidentially.
5. I agree that personal identifiable information including name, address, date of birth, gender and healthcare number can be shared with national databases such as NHS Digital or equivalent, in order to collect information relating to survival and any hospital visits my baby has in their first year.
6. I agree to my baby taking part in this study.

Name of parent (IN BLOCK CAPITALS)

Signature

/ /

Name of delegated health professional taking consent

Signature

/ /

IMPORTANT: PLEASE OBTAIN THE MOTHER'S COUNTERSIGNATURE AS SOON AS POSSIBLE IF OTHER PARENT HAS PROVIDED ORIGINAL CONSENT.

MOTHER:

PLEASE INITIAL BOX

7. I agree to complete short study questionnaires.
8. I agree to take part in the study.

Optional:

9. I agree to be contacted in the future about further research related to this study.

Name of mother (IN BLOCK CAPITALS)

Signature

/ /

Name of delegated health professional taking consent

Signature

/ /

MOTHER CAN COMPLETE QUESTIONNAIRES ONLY IF CONSENT HAS BEEN PROVIDED IN THE SECTION ABOVE. HEALTH PROFESSIONAL MUST ALSO SIGN.

SurfON Study Team, NPEU CTU, National Perinatal Epidemiology Unit, Nuffield Department of Population Health, University of Oxford, Old Road Campus, Oxford, OX3 7LF.

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