

Hospital name: _____ Study number:

Baby's first name (BLOCK CAPITALS)

Baby's last name (BLOCK CAPITALS)

Chief Investigator: Professor Nigel Hall, University of Southampton. Co-Lead: Mr Iain Yardley, Evelina London

To be completed by parent(s) / carer:

Please initial box

1. I confirm that I have read and understood the Parent Information Leaflet (version 4.0, dated 24/09/2025) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. Initials
2. I understand that my baby's participation is voluntary and that I am free to withdraw my baby at any time before the end of the study without giving a reason and without my baby's medical care or my legal rights being affected. Initials
3. I understand that relevant sections of my baby's medical records and data collected during the study may be looked at by individuals from the sponsor, the Medicines and Healthcare products Regulatory Agency (MHRA), the TOAST Study team or the host Trust where this is relevant to this study. I give permission for these individuals to have access to these records. Initials
4. I understand that personal identifiable information will be collected, stored and used by the TOAST Study team at the University of Oxford to enable follow-up of my baby, for sending questionnaires, to send study results and will be retained as explained in the Parent Information Leaflet. Initials
5. I agree that personal identifiable information including my email address and my baby's date of birth can be shared with the digital app supplier, Blue Frontier for the purposes of the TOAST app. I understand that any information will be treated confidentially. Initials
6. I understand that information held and maintained by the NHS England and other central UK NHS bodies may be used in order to help contact me or provide information about my baby's health status. Initials
7. I agree to my GP being informed of my baby's participation in the study. Initials
8. I agree to my baby taking part in the study. Initials

Optional:

9. I agree to my contact details being retained, so that I can be contacted in the future by NPEU researchers regarding my views of NPEU research projects and/or my health experiences or those of my child as part of Parent, Patient and Public Involvement in research. I understand that agreeing to be contacted does not require me to participate in any further activities. Initials

Optional:

10. I agree to the research teams at the University of Oxford, University of Southampton and Evelina London keeping and using my personal details to contact me so that they can invite my child to take part in future research studies looking at the longer-term effects of oesophageal atresia. I understand I can decline for my child to take part in a future study if I do not want them to. Future studies will require additional ethical approval. Initials

Name of parent/carer (IN BLOCK CAPITALS)

Signature

/ /
Date of signature

Relationship to baby

Name of health professional taking consent

Signature

/ /
Date of signature

Mother to complete only:

11. I agree to complete the questionnaires specified for the mother. Initials
- Name of mother (IN BLOCK CAPITALS) Signature / /
Date of signature
- Name of health professional taking consent Signature / /
Date of signature

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

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