

Consent Form for Parent/Guardian of Newborn Infant

Cooling in Mild Encephalopathy (COMET) trial

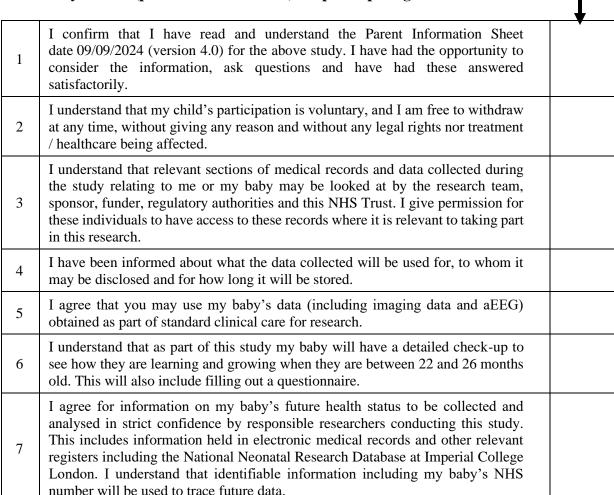
Chief Investigator: Professor Sudhin Thayyil

Please complete form using BLOCK CAPITALS

Name of recruiting Hospital:	
Name of Principle Investigator (PI):	
Subject ID:	
Baby's first name and last name:	
Baby's date of birth (dd/mm/yyyy):	
Name of delegated study personnel explaining study to parent:	

Mandatory section (please initial all boxes) for participating in trial:

Initials here





8	I understand that data collected are a gift donated to Imperial College and that I will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication or treatment.	
9	I agree that my child's pseudonymised (personal information replaced with codes) data from the COMET study can be linked to other research databases and shared with other researchers.	
10	I agree that you may contact my local hospital where my baby might have continued care and request relevant clinical information from them.	
11	I agree that you may contact my GP to inform them about my baby's participation in this study and request clinical information from them.	
12	I agree to my baby taking part in this study.	

Optional section (initial relevant boxes if applicable):

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1	I consent for my baby's neurological assessment to be video recorded and to be shared with neurology experts at Imperial College London to help improve quality assurance and for the training of clinicians and nurses.				
2	I consent for information collected about my baby to be used to support other research or in the development of a new test, medication, medical device or treatment by an academic institution or commercial company in the future, including those outside of the United Kingdom. Imperial College London will keep this information secure.				
3	I consent to my child being contacted about potentially taking part in other research studies for the next 10 years.				
Name	e of parent / legal guardian	Signature	Date		
Name	e of person taking consent	Signature	Date		
Princ	ipal Investigator	Signature	Date		

Please obtain Mother's countersignature as soon as possible if other parent has provided original consent

1 copy for participant; 1 copy for Principal Investigator 1 copy for hospital notes

All consent forms <u>must</u> be printed, presented and stored in double sided format.