

# Informed Consent Form Transfer Document

## Cooling in Mild Encephalopathy (COMET) trial

Chief Investigator: Professor Sudhin Thayyil

Please complete form using BLOCK CAPITALS

Original Site Name:	
Name of original site PI:	
New Site Name	
Name of new site PI:	
Participant Subject ID:	
Date of Transfer:	

### Reason for Transfer

The participant was randomized to the cooling arm of the COMET study. As [Original Site Name] is not a cooling centre, their participation is being transferred to [New Site Name], which is a designated cooling centre.

### Confirmation of Transfer

*Parent Initials here*



8	I, hereby acknowledge that my participation in the COMET study is being transferred from [Original Site Name] to [New Site Name] due to my baby's allocation to the cooling arm of the study.	
9	I consent to the transfer of my informed consent form, medical records, and other relevant documents to [New Site Name]. I understand that my rights and responsibilities remain unchanged as outlined in the informed consent form version 4.0, dated September 9, 2024.	

\_\_\_\_\_  
Name of parent / legal guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Principle Investigator at new site

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date