



Genomic Imaging in Neonatal Encephalopathy (GENIE STUDY)

Baby's name	Date of birth Therefore Therefore	_
245, 5		

CONSENT FORMS FOR MOTHER

<u>cons.</u>		<u>LIX</u>		
			Initials	
1. I have been fully informed of wh	at the study involves for me. I	have read the study		
information sheet (version 1.1, 1	16/09/17) and have had the op	oportunity to ask		
questions about the project. I ha	ave received satisfactory answ	ers to all my questions.		
I agree to allow a sample of my labove research study.	olood to be takenand used for	genetic analysis for the		
3. I understand that the genetic an the UK, Europe or USA.	alysis may be performed in ap	propriate laboratories in		
 I give permission for my medical analysed in strict confidence by NHS Trust. 				
I understand that participation in withdraw my participation at an my medical care or legal rights.				
6. I understand that I will not receiv	ve specific results or feedback	about my blood sample.		
 I agree for my information and t stored on a longterm basis at Ethics Committee approved rese data will be held securely and co 	Imperial College London for usearch. I understand that the in	se in future Research		
8. I understand that very occasionally a genetic risk factor may be identified that may have important implications for my future health. In these rare circumstances, the researchers will take advice from a clinical geneticist who may recommend that I and my GP are contacted to offer me the opportunity to seek further advice through a specialist genetic counselling service.				only box
I wish to be contacted about any future health.	y findings that may have impo	rtant implications for my		
I <u>do not</u> wish to be contacted ab for my future health.	oout any findings that may hav	e important implications		
Name of parent	Signature	Date		
Name of person taking consent	Signature	Date		





CONSENT FORMS FOR FATHER

			Initia	ls
1. I have been fully informed of wh	•	•		
information sheet (version 1.1, 2	i i i i i i i i i i i i i i i i i i i			
questions about the project. I ha				
2. I agree to allow a sample of my	blood to be taken and ι	used for genetic analysis for the		
above research study.				
I understand that the genetic ar the UK, Europe or USA.	nalysis may be performe	ed in appropriate laboratories in		
4. I give permission for my medica	l and electronic health	records to be looked at and		
analysed in strict confidence by NHS Trust.	responsible individuals	from the research team or the		
5. I understand that participation	in this project is volunta	ry and that I am free to		
withdraw my participation at an my medical care or legal rights.	ny time, without giving	a reason and without affecting		
6. I understand that I will not recei	ve specific results or fee	edback about my blood sample.		
7. I agree for my information and	the blood sample I have	donated for this study to be		
stored on a longterm basis at	Imperial College Londo	n for use in future Research		
Ethics Committee approved res	earch. I understand tha	t the information and genetic		
data will be held securely and c		· ·		
8. I understand that very occasions have important implications for researchers will take advice from y GP are contacted to offer many specialist genetic counselling se	my future health. In the maclinical geneticist we the opportunity to se	ese rare circumstances, the ho may recommend that I and	Please initial one below	only box
I wish to be contacted about an	y findings that may hav	e important implications for my		
future health.	,			
I <u>do not</u> wish to be contacted a for my future health.	bout any findings that n	nay have important implications		
Name of parent	Signature	Date		
Name of person taking consent	Signature	Date		