

CONSENT FORM: CLEFT CARE UK 2010 - 2012

Patient name: _____

Date of birth: _____

NHS number: - -

Parents/guardians
name: _____

- | | Please initial |
|---|--------------------------|
| 1. I have read the information sheet (version 4.1 dated 13/11/11) and I have had the chance to ask questions and I am satisfied with the answers I have received. | <input type="checkbox"/> |
| 2. I understand that taking part in the research is voluntary. I can stop taking part at any time, without giving a reason. This will not affect my child's medical care. | <input type="checkbox"/> |
| 3. I give permission for the researchers to have copies of the records collected for this clinic. | <input type="checkbox"/> |
| 4. I understand that only the members of the research team have access to the information collected during the research. | <input type="checkbox"/> |
| 5. I understand that the information collected during the research will be used to write a report, as well as scientific papers and presentations. | <input type="checkbox"/> |
| 6. I understand that the anonymised and confidential information collected about me and my child may be used in other future studies. | <input type="checkbox"/> |

Please initial

- 7. I understand that responsible individuals may look at sections of my child’s medical records. This will only be where it is relevant to taking part in the research. These individuals will either be representatives from the research sponsor, ethics committee or carrying out research monitoring.
- 8. I understand that I might be contacted in the future to be asked to participate in other research projects related to cleft care that have received ethical approval. At that time I can decide if I want to participate or choose not to participate.
- 9. I agree that the research team can collect additional information via linkage to my child’s medical record and educational databases. The information will be completely confidential and will be used for research purposes only.
- 10. I understand that information held by the NHS and records maintained by The NHS Information Centre and the NHS Central Register may be used to help contact me, and ALSO provide information about my CHILD's health status FOR RESEARCH PURPOSES.
- 11. I agree that my child and I will take part in this research.

Name of parent/guardian

Date

Signature

Name of witness

Role/Grade

Date

Signature

Witness can be researcher or healthcare worker.