

(to be presented on headed paper)



Blood and Transplant

INFORMED CONSENT FORM

Centre Number:

Study Number:

Platelets for Neonatal Transfusion Study - PLANET 2

Randomised Controlled Trial

Date and version: V3.0: 11 Jan 2016

Name of Researcher:

Please initial boxes:

1. I confirm that I have read and understand the information sheet dated 11th Jan 2016 (Version 3.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my baby's participation is voluntary and that I am free to withdraw him/her at any time without giving any reason, without his/her medical care or legal rights being affected.
3. I understand that relevant sections of my baby's medical notes and data collected during the study may be looked at by responsible individuals running the trial or from regulatory authorities where it is relevant to my baby taking part in this research. I give permission for these individuals to have access to my baby's records including records following any transfer to another hospital whilst still in the trial.
4. I agree to my GP being notified of my baby's participation in the study.
5. I agree to my baby taking part in the above study.
6. Should my baby be discharged home from hospital before completing 28 days on Planet-2, I am happy for myself, my GP or Health Visitor to be contacted by the local research team to see how my baby is progressing at around this time
- 7 I give permission to the Research Team to contact my GP or Health Visitor when my baby is 2 years old in order for the 2 year follow up information to be collected.
8. I give permission for the 2 year follow up co-ordinator to contact me by phone (Y/N), email (Y/N) or text (Y/N) when my baby is around 2 years corrected age. (Please circle your preference). I agree to being asked to complete a questionnaire asking how my baby is doing at this time.

Please sign and date the consent form overleaf

By signing this consent form, you have not waived any of the legal rights which you otherwise would have.

Baby's Name (Printed)

Approval of Parent or Guardian:

Signature Parent/Guardian Name _____ am/pm
Date Signed Time of consent

Signature of study personnel conducting informed consent discussion **Date**

Printed name of study personnel conducting informed consent discussion

When completed, 1 for parent, 1(original)or researcher site file, 1 to be kept in baby's medical note

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