Participant Consent Form

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| **Study Title** | Effect of elective blood transfusion on cerebral, hepatic and muscle regional oxygenation and cardiovascular stability in neonates (NIMO-AI) |
| **Locality** | Wellington Regional HospitalNeonatal Intensive Care Unit |
| **Coordinating Investigator** | Dr. Maria Saito-Benz |
| **Contact Number** | 021570609 |
| **Ethics Reference** | 16/CEN/18 |

| **Component of Consent** | **Please Check/Circle** |
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| The nature and purpose of the study described on the attached participant information sheet has been explained to me. I understand it and agree to my baby taking part.  |  |
| I have had the opportunity to discuss this study and ask any questions I may have. |  |
| I understand that my baby will not directly benefit from taking part in the study. |  |
| I understand that my baby’s participation is voluntary, and that I may withdraw him/her from the study at any time, without having to give a reason, and with no effect on current or future treatment. |  |
| I understand that my baby’s health information will be kept confidential and that no information that could identify my child or myself will be used in any publication  |  |
| I understand that this is an observational study and that results should not be used to guide medical decisions or management for my baby. |  |
| I understand there will be no payment to me or my baby for taking part in this study. |  |
| I know whom to contact if I have any questions/concerns about the study.  |  |
| I understand that study records will be stored electronically and securely in a databank for a minimum of 10 years after the study is completed as per New Zealand regulations.  |  |
| I wish to receive a summary of study findings. | YES NO |

| **Signatures** |
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| **Participant Parent or Guardian**Name of child: I (full name) hereby give consent for my child to take part in this study.Relationship to child: Signature: Date:  |
| **Investigator**Study was explained by: Signature: Date:  |