

Appendix 6

Consent Form for Microdrop Administration of Phenylephrine and Cyclopentolate in Neonates (MAPC-N) study

Statement by whānau, parent(s) or caregiver(s) for informed consent

I have read and understand the information sheet for people taking part in this study. I have been able to talk to someone who works at the Dunedin Neonatal Unit about this study, and I am satisfied with the answers I have been given.

I understand that taking part in this study is voluntary and that I may withdraw my baby from participating in this study at any time and it will not affect his/her health care.

I understand that my baby's participation in this study is confidential and that no material which could identify him/her will be used in any reports on this study.

I know who to contact if I wish to withdraw my baby from the study.

This study has been given ethical approval by This ethics committee may check at any time to make sure that the study is being carried out in an ethical way.

I would like a copy of the results of the study? YES NO

Signed

Dated

Printed name

Relationship to participant

Address for results
.....
.....

Project explained by

Statement by principal investigator

I..... (*name of investigator*) declare that this study is in the potential health interest of the group of patients of which (*name of participant*) is a member and that participation in this study is not adverse to (*name of participant*)'s interests.

Statement by independent clinician

I confirm that participation in the study is not adverse to (*name of participant*)'s interests.

Signature of clinician

Date

Printed name of clinician