



**FORM OF CONSENT**

**PLEASE NOTE THAT PARTICIPATION IN RESEARCH STUDIES IS VOLUNTARY AND SUBJECTS CAN WITHDRAW AT ANY TIME WITH NO IMPACT ON CURRENT OR FUTURE CARE.**

I .....  
Given Names Surname

have read the information explaining the study entitled

*Determination of circadian rhythms in preterm infants*

I have read and understood the information given to me. Any questions I have asked have been answered to my satisfaction.

I understand I may withdraw my child from the study at any stage and withdrawal will not interfere with routine care.

I agree that research data gathered from the results of this study may be published, provided that names are not used.

I therefore give permission to enroll my child in this research study;

.....  
Given Names of Infant Surname

Dated ..... day of ..... 20 .....

Signature .....

I, ..... have explained the above to the  
(Investigator's full name)  
signatory who stated that he/she understood the same.

Signature .....