

Consent form

Study ID 0 1 . [] [] [] [] [] [] []

Participant's name

Baby – Patient Label

Name: _____
NHI: _____ DOB: _____
Address: _____

- I have read and understand the information sheet dated 26 May 2020 for the parents of babies taking part in the Pēpi Splint Project which is seeking to find an improved splint for securing drips.
- I understand one parent will also be asked to complete a short questionnaire about the Pēpi Splint.
- I have had the opportunity to use whānau support or a friend to help me ask questions and understand the study.
- I have had time to consider whether to take part.
- I am satisfied with the answers to my questions regarding the study and I have a copy of the consent form and the information sheet.
- I understand that taking part in the study is voluntary (my choice) and that I may withdraw my baby from the study at any time.
- I understand that the investigators will look at medical records of my baby.
- I am happy for my Lead Maternity Care provider and my General Practitioner to be informed that my baby is going to participate in this study.
- I understand that participation in this study is confidential and that no information identifying my baby or our whānau will be used in any reports of this study.
- I understand that photos of the Pēpi Splint will be taken while it is applied or being used on my baby's arm or leg.
- I understand that my baby will not be able to be identified in the photos.
- I understand the compensation provisions for this study.
- I know whom to contact if I have any questions or concerns about the study.
- I wish to receive a copy of the results and understand that they are unlikely to be available until 2021. Yes No

Ethnicity (Please tick all that apply)

- NZ European Samoan Tongan Chinese Other (e.g. Dutch, Japanese, Tokelauan)
 Māori Cook Island Māori Niuean Indian Specify _____

Declaration by parent

I _____ (full name) hereby consent to my baby's participation in this study.

Signature of parent or guardian: _____ Date (dd/mm/yy): ____ / ____ / ____

Declaration by member of the research team

I have given both the parent information pamphlet and verbal explanation of the research project to the participants' parent, and have answered the questions.
I believe the participants' parent understands the study and has given informed consent to participate.

Researchers name _____

Signature: _____ Date (dd/mm/yy): _____

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