

Participants copy

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### Consent Form

**Study Title: Application of Point of Care Testing (POCT) Full Blood Count (FBC) analyser in neonatal (<2 months) clinical care**

Centre Number:

Study Number:

Patient Identification Number:

Name of Researcher:

**Please initial boxes below:**

1. I confirm that I have read and understand the information sheet version 4 dated 04/07/2024 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

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2. I understand that as a volunteer and I am free to withdraw at any time without giving reason, without my child's medical care or legal rights being affected.

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3. I understand that relevant sections of all the research notes and data collected during the study may be looked at by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my child's records.

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4. I agree for my child to take part in the above study.

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**I wish to be informed of the results of this study**

**Y/N**

**If Yes please provide your contact details on the back of this form**

**Name of Child's guardian: .....**

**Signature .....Date .....**

**Name of person taking consent:.....**

**Signature .....Date.....**

**Contact details:**

**Guardian Name**.....

**Address**.....  
.....  
.....  
.....

**Telephone number**:.....

**Email Address**:.....

**Preferred form of contact (please circle) Written/Telephone/email**