



PREVailing infection using Antimicrobial  
Impregnated Long lines



<Trust address 1> <Trust address 2>

<Trust address 3> <postcode>

## Consent Form

**To be completed by the Researcher:**

Centre Name:  Centre Number:

Patient Initials:  DOB:  /  /  Postcode:   
(Residence)

NHS Number:  Randomisation No.:  /

**Mother's Details**

Initials:  DOB:  /  /  NHS Number:

**To be completed by the Parent/Guardian:**  
Once you have read and understood each statement please tick (✓) **AND** initial

No.	Statement	Tick	Initial
1	I have read and understood the information sheet (version 6.0 dated 12/10/2015) for the above study. I have had the opportunity to ask questions and have these answered satisfactorily.		
2	I understand that participation is voluntary and that I am free to withdraw at any time, without giving a reason, and without my baby's care or legal rights being affected.		
3	I agree to information from my baby's records (including birth information from my records) and hospital attendance up to 6 months after study enrolment being used for the study and shared with bodies* authorised to work on the PREVAIL study (*see information sheet)		
4	I understand that the results from the data collected for this study may be used in an anonymised form for related research.		
5	I agree for my consent form which contains identifiers for me and my baby to be passed to the MC CTU for the administration of the study and other authorised bodies* for administration and data linkage (*see information sheet).		
6	I agree that the GP who my baby will be registered with can be informed of their participation in the study		
7	I understand that any information about me/my baby will be treated confidentially and stored securely.		
8	<b>I agree to my baby taking part in the above study.</b>		

The below statements are **optional**: If you agree please **initial AND tick**. If you do not agree: please leave **blank**.

Optional	I agree that I may be contacted in the future in relation to this or other related studies.		
Optional	I agree that data collected for my baby during this study can be linked to routinely collected electronic NHS and education records when my child reaches school age so that long-term outcomes relating to the PREVAIL study can be investigated.		

**Print Your Baby's Full Name:**

**Print Your (Parent/Guardian) Full Name:**  **Parent/Guardian Signature:**  **Today's Date:**

**DD/MM/YYYY**

**To be completed by the Researcher once the Parent/Guardian has completed their section:**

**Researcher Full Name (Printed):**  **Researcher Signature:**  **Today's Date:**  **Time: 24 Hrs**

**DD/MM/YYYY** **00:00**

Once completed final section: 1 (original) to be kept in medical notes, 1 (copy) for parent, 1 (copy) for researcher site file, 1 copy to CTRC (fax: 0151 282 4721)

This study has been funded by the National Institute for Health Research's HTA Programme (ref: 12/167/02)