Understanding Osteogenesis in Health, Development and Disease

PARENT/GUARDIAN CONSENT FORM: On agreement to participate one copy of this form should be kept by the participant, one copy placed in patient’s notes and one copy retained by the research team.

Patient name………………………………………………………………………. Patient NHS ID…………………………………..

Patient DOB: Year………………………… Month…………………………. Patient sex: ……………

Please circle as appropriate

1. I have read the patient information sheet for the above study. Yes/No
2. I have had the opportunity to ask questions about the study and to discuss it with my child/ward, family and friends if I so wish to. Yes/No
3. I understand the purpose of the study, and how my child/ward will be involved. I am satisfied that my child/ward also understands to the best of their ability. Yes/No
4. I understand, and accept, that if my child/ward takes part in the study he/she or I may not gain direct personal benefit from it. Yes/No
5. I understand that all information collected in the study will be held in confidence and that, if it is presented or published, all personal details will be removed. Yes/No
6. I confirm that my child/ward will be taking part in this study of his/her own free will, and I understand that I am free to withdraw my child/ward from the study at any time without giving a reason and without affecting his/her future care or my legal rights. Yes/No
7. I understand that relevant sections of my child’s/ward’s medical notes, may be looked at by individuals from the NHS Trust, regulatory authorities and that specific information relevant to the research may be passed to individuals at the University of Leeds. I give permission for this to happen Yes/No
8. I give permission for any tissue samples donated to be sent to third parties including industrial partners as part of this study. Yes/No
9. I give permission for any tissue samples donated to be retained for future studies, subject to proper ethical approval. Yes/No
10. I have spoken to Dr………………………….…………..………….
11. I agree to allow my child/ward take part in this research study.

Parent / guardian

Signed: …………………………….………………………………….….. Date ……………………….…..

Name (BLOCK CAPITALS)…………………………………….…………….…………………….………

Investigator/Sub-investigator

I have explained the study to the above named parent or guardian of the participating minor who has indicated their willingness to allow his/her child to take part.

# Signed…………………………...………………………………...……… Date…………………….……….