

Consent Form

Attach hospital sticker here

Name of Baby (if known): _____

Title of project: **The Baby Biome Study**

Thank you for reading the information sheet. If you would like to take part, please initial to show you agree to each of the following statements and then sign the completed form.

| | |
|--|----------|
| I have read and understand the Baby Biome Study Participant Information Sheet, dated 27/09/2016 (version 2.0) . I have had the opportunity to consider the information and ask questions. | Initials |
| I understand that my participation and my baby's (or babies') participation in this study is voluntary and that we are free to withdraw at any time without giving any reason. | Initials |
| I give permission for collection, long-term ¹ storage and use of my poo and a vaginal swab, and my baby's poo and cord blood, and the retrieval of any leftover antenatal serum from me or dried blood spots from my baby, for health-related research purposes (even after my incapacity or death), and relinquish all rights to these samples that I am donating to the Baby Biome Study. | Initials |
| I understand that none of my results will be given to me. | Initials |
| I give permission for researchers to access mine and my baby's medical notes, including the hospital electronic records, to obtain information relevant to the Baby Biome Study. This information will be obtained and held in a secure format. | Initials |
| I give permission for the Baby Biome Study to obtain routine health information for research purposes from my and my baby's (or babies') health-related records and registers; including information about my NHS registration, births and deaths, health status, treatment and use of health services, including records held by the National Health Service (NHS), GPs, other healthcare organisations or providers, NHS Digital , NHS Central Register, NHS Personal Demographics Service ¹ , Department of Health ² , Office for National Statistics (England and Wales) ² . | Initials |
| I give permission for regulatory authorities to have access to my and my child's information collected for the Baby Biome Study and in my hospital notes for the purpose of ensuring that the research is being carried out correctly. | Initials |
| I agree to be contacted again about further Baby Biome Study research and for my contact details to be retained. I understand that I will still be able to choose whether to take part in further research. | Initials |

¹Long-term means for many years to come; more than 10 years.

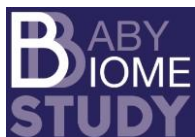
²This will include any successor or succeeding department/organisation holding these data.

| | | |
|-------------------------|-------------|------------------|
| Participant name | Date | Signature |
|-------------------------|-------------|------------------|

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| Staff member name (witness) | Date | Signature |
|------------------------------------|-------------|------------------|

PLACE ONE COPY INTO THE BABY BIOME STUDY BOX IN THE [LOCATION]

**In addition:
Give one copy (original) to the participant**



Retain one copy in the participant's medical notes