FATHERS' CONSENT FORM

I confirm I have read and understood the information sheet dated 26th June 2007 (Version 7) and have had the opportunity to ask questions and I agree to take part. I also understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected

I understand that researchers working for the Born in Bradford project may look at sections of my medical records. Researchers working on ethically approved linked studies both inside and outside Europe, after approval by the Executive Group and ethics committee, may also have access to information. Some of these countries do not have the same data protection laws as in the UK, however, I understand the information cannot be linked to me.

I agree that one of the project researchers can approach me in the future.

I agree to give biological samples, which may include saliva. I understand that my biological sample will be stored. If I wish to withdraw from the study in the future I agree these samples may be retained and used unless I specifically request they are destroyed, in which case we will make every effort to do so and ensure that no further analysis is conducted on your samples.

I understand the Born in Bradford team and their research partners in the UK and both inside and outside Europe will use these samples and that I will not be given the results.

……	…….	……..
Print name of participant	date	signature
……	…….	……..
Print name of person taking consent (if different from Study Administrator)	date	signature
……	…….	……..
Print name of Study Administrator	date	signature