



ALL IN

Born in Bradford Allergy and Infection Study

MOTHER'S CONSENT FORM

Study no.

Please initial box

1. I confirm that I have read and understood the information sheet dated 27/08/11 (version 4) and have had the opportunity to ask questions. I also understand that my participation and that of my child is voluntary and that we are free to withdraw at any time, without giving any reason, without our medical care or legal rights being affected.

I understand that the information collected for this study will be linked to the information collected for the Born in Bradford project. I agree that one of the study researchers can contact me when my child is 4 years old to invite us to take part in allergy testing.

2. I agree to a blood sample being taken from my child at 12 months and 24 months of age and tested for this study. These samples may be stored for future use. 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 about infection status.

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

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Name of participant

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Date

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Signature

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Name of person taking consent
(if different from researcher)

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Date

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Signature

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Name of researcher

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Date

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Signature