

**Born in Bradford Age of Wonder research study**  
**Parent information sheet (opt-in consent)**  
**Year 9 additional measurement in school**

V6 (A) 23.08.22

The Born in Bradford Age of Wonder research study aims to collect important information about the health and wellbeing of young people in Bradford.

You will have received an information sheet from us earlier this year that will give you information about Age of Wonder (you can access a copy by visiting [www.borninbradford.nhs.uk/AgeofWonder](http://www.borninbradford.nhs.uk/AgeofWonder)). As part of this study, we invited your child in Year 9 to take part in activities such as surveys, movement/memory assessments and measurements like height and weight.

We would also like to invite your child to take part in an additional measurement which involves a blood sample. This measure will be collected in school by trained researchers, and will take place at the same time as the BiB Age of Wonder Year 9 visit.

Please read the rest of this booklet to find out more about this study, what your child will be doing, and what to do next.

This project is being led by the BiB Age of Wonder study team, based in Bradford Teaching Hospitals NHS Foundation Trust. The study has been reviewed and approved by the Bradford Leeds Research Ethics Committee [Ref: 21/YH/0261, date: 22.12.21].

### ***What will my child be asked to do?***

Some factors that can affect your child's growth and health can only be measured in blood, such as information about your child's blood cells, their muscles (including their heart), their bones, liver and kidneys. With your consent, we would like to take a blood sample from your child.

The sample will be taken by our fully trained researchers when we visit your child's school to take our other measurements. We use local anaesthetic on the skin before we take the sample, and take 22ml of blood (about 4 teaspoons). If your child refuses or objects at any stage, we will stop.

### ***What happens to the blood sample?***

We will send the sample to the laboratory where we will measure their blood sugar (glucose), fats (such as cholesterol), Vitamin D levels, and iron levels (full blood count).

The results of these tests are confidential. However, if any of these measures suggest a medical problem, our research nurse will get in touch with you directly.

With your consent we would also like to study the genetic makeup of your child. Using this information, researchers can answer important questions about how things like pollution, diet and lifestyle impact on our genes and how our genes are linked to diseases such as diabetes and asthma. We won't feedback the results of any genetic testing as part of this study.

Finally, with your consent we would like to store some of your child's sample so that we can use it for answering important questions that could arise in the future. The results from the blood sample will only be used for research purposes. They will be stored with a unique ID number that will allow us to use them with other data you agree to provide (such as through the main Age of Wonder study). It will not be possible for anyone looking at the results to link the information from your child's blood tests to their name or address

### ***How do you use my child's personal information?***

If you agree for your child to take part, their school will provide us with the following personal information about your child:

- Name
- Unique pupil number (UPN)
- Date of birth
- Contact details
- School email address

We use this information so we know who has taken part in the study. We store all personal information in a secure database at Bradford Teaching Hospitals NHS Foundation Trust. The only people who have access to personal information are the small number of people in the research team who need it for the study.

It will not be possible for anyone to use the data we collect to identify your child. When we collect the research data, your child's personal details will be removed from this and replaced with a study ID code. If we share data with other UK and international research studies that have been approved by BiB, we would only give them this study ID code to make sure your child will never be able to be identified.

You can find out more about how we use your child's information at <https://borninbradford.nhs.uk/what-we-do/how-we-use-your-information/>, or by contacting the study team at [ageofwonder@bthft.nhs.uk](mailto:ageofwonder@bthft.nhs.uk) or 01274 274474.

### ***What do I need to do if I would like my child to take part?***

If you are happy for your child to take part, please complete the consent form below in ONE of the following ways:

- Scanning the QR code and completing the form online
- Completing and returning the form to your child's school
- Calling our research team on 01274 274474

We will not do this additional measurement unless we receive this form from you.

Even if you consent to the additional measurement, if your child doesn't want to take part when we visit the school, we will not do them.

### ***What do I need to do if I do not want my child to take part?***

If you've already told us you do not want your child to take part in BiB Age of Wonder when we wrote to you before, you don't need to do anything. We won't do this additional measurement with your child.

If you do not return the consent form for this additional measurement, we will assume that you are **not** happy for your child to be assessed.

Before the measurement visit takes place, if you have given consent but change your mind, you can withdraw from the study without giving a reason. Simply contact us using the details given below and ask for your child to be removed from the study.

***How can I find out more information?***

You can keep up to date with the study through our website and social media channels:

Website: [www.borninbradford.nhs.uk](http://www.borninbradford.nhs.uk)

Twitter: @BiBresearch

Instagram: @BiBAgeofWonder

Facebook: @BorninBradford

If you would like to find out more about the study before deciding to let your child take part, please contact the Born in Bradford team:

Email: [Ageofwonder@bthft.nhs.uk](mailto:Ageofwonder@bthft.nhs.uk)

Phone: 01274 274474



**BiB Age of Wonder Consent Form (opt-in)**  
**Year 9 additional measurement in school**

V4 (A) 23.08.22

This consent form relates to the additional Year 9 measurement in school.

You can either scan the QR code and complete this form online, return the form to your child's school, or call the study team on 01274 274474.

Please complete this form even if you do not want your child to have the blood sample. The blood sample will be taken by trained BiB Researchers at your child's school.

You can consent to the blood sample or you can let us know that you do not want your child to have this measurement.

Child's name: .....

Child's date of birth: .....

Child's home postcode: .....

Child's school: .....

Name of form/tutor group.....

Parent's / Carer's name: .....

Parent's / Carer's signature: .....

Parent's / Carer's phone number: .....

Date: .....

**Taking part in the BiB Age of Wonder additional measurements in school**

I have read the BiB Age of Wonder Year 9 additional measurement in school information sheet dated 23.08.22, version 6(A). I have had the chance to consider the information and ask questions.	Yes <input type="checkbox"/>
I understand that it is my and my child's decision whether to take part and we can change our mind at any time, without giving a reason and without my child's health care or legal rights being affected.	Yes <input type="checkbox"/>
I understand that any information collected about my child will be kept securely and used for research purposes only. I understand the BiB study and its research partners in the UK and both inside and outside Europe will use my child's information and samples. It will not be possible for anyone outside of BiB to link my child's information and samples to my child.	Yes <input type="checkbox"/>
I agree for my child to take part	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Samples and measurements**

**Please tick the Yes or No box to let us know if you are happy for the blood sample to be taken from your child, and how we can use the blood sample in future studies.**

I agree to my child giving a sample of blood	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to my child's blood sample being stored for use in future non-genetic studies.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to my child's blood sample being stored for use in future genetic and epi-genetic studies.	Yes <input type="checkbox"/> No <input type="checkbox"/>