

## MOTHER'S CONSENT FORM

Study no. ....

I \_\_\_\_\_ being the legal guardian hereby give permission fully and freely for my child to participate in the MeDALL project.

### GENERAL STATEMENTS

Please initial relevant box  
**YES      NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| <p><b>1</b> I confirm that I have read and understood the information sheet MeDALL (Version 4_25_04_13) 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.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p><b>2</b> I agree to my general practitioner (GP) being notified of my child's participation in this research and to be informed of any results.</p>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p><b>3</b> I understand that relevant sections of my own, and my child's medical notes and data collected during the study, may be looked at by individuals from Born in Bradford, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my own and my child's records.</p>  | <input type="checkbox"/> | <input type="checkbox"/> |

### BLOOD SAMPLE

- |   |                          |                          |
|---|--------------------------|--------------------------|
| <p><b>4</b> I give permission that my child's anonymised blood sample being taken as part of this study may be stored for future use and may be used in another laboratory outside of the UK. I can withdraw consent at any time by asking investigators in writing to remove and destroy samples</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p><b>5</b> 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.</p>  | <input type="checkbox"/> | <input type="checkbox"/> |

Yes NO

6 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.

7 **SKIN ALLERGY TEST**

I agree that my child can be tested for allergies for this study.

8 **BUCCAL SMEAR**

I agree for my child to have a swab (buccal smear ) taken from his/her inner cheek

If I wish to withdraw from the study in the future I agree this sample may be retained and used unless I specifically request that it will be 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 this sample.

.....  
Name of participant

.....  
Date of recruitment

.....  
Signature

.....  
Name of person taking consent  
(if different from researcher)

.....  
Date of recruitment

.....  
Signature

.....  
Name of researcher

.....  
Date of recruitment

.....  
Signature