

**CONSENT FORM FOR PARENT OF CHILD PATIENT
(Version 5: Dated 05th Dec 2018 13/LO/0257)**

Title of project: Genetic Factors Affecting the Timing of Growth and Puberty

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Please initial box to indicate agreement

1.	I confirm that I have read and understand the information sheet dated 05 th Dec 2018 (version 5) for the above study regarding my child. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2.	I understand that my child's participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my child's medical care or my legal rights being affected.	
3.	I agree to my child's clinical information being shared with the research team. This includes relevant clinical details, auxology (birth weight, height and weight measurements) and the results of biochemical tests that have been performed.	
4.	I agree to allow medical information about my child to be entered on a secure, confidential computer database.	
5.	I agree to allow my child to provide a sample of blood. I understand that a DNA sample will be extracted from this blood sample.	
6.	I agree to the genetic research studies including DNA analysis being undertaken on the sample. I understand that any results arising from this research work will be kept strictly confidential.	
7.	I agree to my GP being informed of my child's participation in the study.	
8.	I understand that relevant sections of my child's medical notes and data collected during the study, may be looked at by individuals 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 child's records.	
9.	Following the present research project, any residual (left-over) blood sample may be stored and used by the research team at Barts and the London School of Medicine and Dentistry (QMUL), for future research studies including genetics studies. Any future studies will have Ethics Committee permission. Your child's clinical data will be securely destroyed at the end of the research studies. All staff undertaking future studies will abide by the Data Protection Act 1998 with any medical information relating to your child being kept confidential.	



Name of parent/carer

Date

Signature

Name of person taking consent

Date

Signature

Investigator

Date

Signature

1 copy for Patient, 1 for Investigator and original to be kept in medical notes