

1-111: ELECTRONIC AGREEMENT FORM



TITLE: Systematic electronic capture of parent reported cognitive and language development in children aged two-years (ePARCA-R)

Chief Clinician: Professor Neena Modi

Child's name:

Parent Information Sheet for the ePARCA-R service evaluation study: <https://www.imperial.ac.uk/neonatal-data-analysis-unit/service-improvement-studies/eparca-r/parent-information/>

* Please tick the boxes below to agree

- 1) I confirm that I have read the Parent Information Sheet for the ePARCA-R service evaluation study; I have had the opportunity to consider the information, ask questions and have these answered
- 2) I understand that my child's participation is voluntary and that I am free to withdraw at any time without giving any reason, without my child's medical care or legal rights being affected
- 3) I understand that sections of any of my child's medical notes may be looked at by responsible individuals from Imperial College London or regulatory authorities where it is relevant to my child taking part in this study
- 4) I give permission for my child's ePARCA-R results to be entered into my child's NHS records
- 5) I give consent for information collected about my child in this study to be used to support approved research in the future, including studies outside the European Economic Area; I understand that my child will not be identified or named in this or any future research
- 6) I give permission for my child's ePARCA-R results to be entered into my child's record in the National Neonatal Research Database where it may be used to support other approved research in future; I understand that my child will not be identified or named in this or any future research
- 7) I agree to being contacted in the future about future studies of interest to my child
- 8) I agree to my child taking part in this study

Name of Parent/Guardian/Legal Representative

Signature

Date

Name of person explaining the ePARCA-R process (enrolling participants)

Please type 'Other' if the name is not in the list and specify the name in the box that appears below.

Please specify

Signature

Date
