

PCN-CRP ID:



Trust logo here

## Preterm Clinical Network Cohort Research Programme Consent Form

**Chief Investigator: Professor Andrew Shennan**

**PCN-CRP Site Principal Investigator: .....**

Please initial in boxes

1. I confirm that I have read and understand the information sheet (version 1 dated 28/01/2025) for the above project and have had the opportunity to think about the information, ask questions and have had helpful answers that I am happy with.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, without my medical care or legal rights being affected.
3. I understand that that relevant sections of my medical notes and data collected may be looked at by individuals from the Sponsor Guy's and St Thomas' NHS Foundation Trust and/or King's College London) from regulatory authorities or the NHS organisation or authorities where it is relevant to my taking part in this project. I give permission for these individuals to have access to my data and records.
4. I understand that some of the information collected in this study will be sent to Sweden, where the servers for the main study and participant details databases are located, and I am happy with this.
5. If I have my baby/babies elsewhere, I am happy for the information about the birth to be sought from my GP and/or other hospitals.

### Additional (optional) points of consent

Please initial in boxes

6. I give permission for my personal information (including name, address, date of birth, telephone number and consent form) to be passed to King's College London so that I can take part in of the study.  YES  NO
7. I understand that my baby's/babies' NHS number/s will be stored to allow longer term follow up using routinely collected health and educational records, as she/he/ they grow(s) up, and I consent to this.  YES  NO
8. I consent to my name, telephone number, email address and NHS number, being stored to allow researchers to contact me with information on updates about this programme, and about future ethically approved research studies that I may be eligible for.  YES  NO
9. I agree to my data being stored on the PCN Database and used for the purpose of research, service evaluation or clinical audit, which may include sharing of anonymised data with the UKPCN and other researchers, subject to appropriate governance approvals.  YES  NO

## Signatures

Name of Participant

Signature

Date

Name of Person taking consent

Signature

Date

When complete: copies - 1 for participant, 1 for researcher site file, 1 to be kept in medical notes.