

EEPRIS STUDY CONSENT FORM

If you have any questions you wish to ask before you sign this consent form, contact the study team on: Tel: **0117 331 4598** or eepris-kids@bristol.ac.uk



IRAS Project ID: 180097

(Please use block capitals to fill in):

Child's first names:	Child's surname:	Child's DOB:	Child's gender: M / F	Child's GP surgery:
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Please write your INITIALS in these boxes to confirm that you agree with each statement

1. I have read and understand the study information sheet (version 5, 2016-02-11). I have considered the information and had the opportunity to contact the team with questions (answered satisfactorily if applicable).	<input type="checkbox"/>	<input type="checkbox"/>
2. I understand that the participation of my child (named above) and me is voluntary and we are free to withdraw at any time, without giving reason, without our medical care or legal rights being affected.	<input type="checkbox"/>	<input type="checkbox"/>
3. I agree to receive, check and reply to weekly contact from the study team via email to confirm my child's respiratory illness status (cough, cold, or ear infection) over the spring.	<input type="checkbox"/>	<input type="checkbox"/>
4. I agree to provide information online for the study (via phone, tablet or desktop).	<input type="checkbox"/>	<input type="checkbox"/>
5. I agree to my GP being informed of my child's participation in this study.	<input type="checkbox"/>	<input type="checkbox"/>
6. If my child (named above) develops respiratory symptoms during the study, I agree to a nurse visit to conduct a routine physical examination of my child and collect saliva and nasal swabs from my child, and for me to collect saliva and nasal swabs at the same time, and again when my child is better.	<input type="checkbox"/>	<input type="checkbox"/>
7. If my child (named above) develops respiratory symptoms in the study, I agree to answer online questions while s/he is ill, and receive reminders (by text/email/telephone) from the study team to do this.	<input type="checkbox"/>	<input type="checkbox"/>
8. I give permission for the medical notes of my child (named above) to be accessed by members of the EEPRIS Study team for data collection relevant to taking part in this research. I understand that this may also include regulatory authorities (for study monitoring purposes only).	<input type="checkbox"/>	<input type="checkbox"/>
9. I understand that information collected for this study will be held securely under provisions of the 1998 Data Protection Act; electronic files in encoded format; paper files stored securely at the University.	<input type="checkbox"/>	<input type="checkbox"/>
10. I agree to the use of my child's and my anonymised data in reports and publications of the study.	<input type="checkbox"/>	<input type="checkbox"/>
11. I understand that this is research, not medical care. I will see my GP for health concerns about me or my child as normal.	<input type="checkbox"/>	<input type="checkbox"/>
12. I agree for me and my child (named above) to take part in the EEPRIS study.	<input type="checkbox"/>	<input type="checkbox"/>

Please note that you can still participate whether or not you agree to the following four statements:

1. Our anonymised information can be stored for possible use in future projects by other researchers.	<input type="checkbox"/>	<input type="checkbox"/>
2. My child's left-over study samples may be stored anonymously (any identification linking me and my child to the sample is destroyed) and may be analysed in future genetic research.	<input type="checkbox"/>	<input type="checkbox"/>
3. My child's left-over samples may be stored anonymously (any identification linking me and my child to the sample is destroyed) and may be analysed in future non-genetic research.	<input type="checkbox"/>	<input type="checkbox"/>
4. I agree to take part in one audio-recorded interview (of up to forty five minute duration) if I am selected for interview after participating - about my experiences of the study and the wider aims of this research.	<input type="checkbox"/>	<input type="checkbox"/>

PARENT/ CARER DETAILS (Please use block capitals to fill in):

Title:	First name:	Surname:	Preferred name (if applicable):	Gender: M / F
Postal address:				Post code:
Mobile number:	Landline number:	Email address:		
Can we leave answer messages (e.g. to remind you to complete questionnaires)?		On your mobile: Y / N	On your landline: Y / N	

I confirm that I have legal responsibility for the child named above and s/he is registered as a full (not temporary) patient at the GP practice named above:

Signature of parent/carer:	Date: <u> </u> / <u> </u> / 20 <u> </u> D D M M Y Y Y Y
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PLEASE ALSO ASK YOUR CHILD TO SIGN ASSENT OVERLEAF

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For young people in school year 3 (7-8 years old) and above



EEPRIS STUDY ASSENT FORM

(Assent means you are agreeing to help with this study)



Please circle Yes or No for each question:

1. I have read or had read to me the study booklet and this form about agreeing to take part	YES NO
2. If I have any questions I know I can ask my parents or the people running the study	YES NO
3. I understand that this study is about coughs and colds and ear infections	YES NO
4. I know that if I get a cough or cold or an ear infection this spring, my parent will be filling in a survey about it	YES NO
5. I understand that if I get a cough or a cold this spring, a nurse will visit me	YES NO
6. I understand that when the nurse visits, my parent and the nurse will take swabs from me: one from just inside my nose, and one of my saliva (spit) to be tested for germs	YES NO
7. I understand that the germs will be kept and may be used for research in the future	YES NO
8. I understand that I will have one more swab taken when I'm feeling better	YES NO
9. I understand that a researcher may come round to talk with me and my parent about what it was like to take part in the study. I know I don't have to take part in this if I don't want to.	YES NO
10. I know I can stop taking part in the study at any time without having to give a reason why.	YES NO

I am happy to take part in the study (please circle):	YES NO
My first name is:	My surname is:
My signature:	Today's date is: <div style="text-align: right;"> ___ / ___ / 20___ D D M M Y Y Y Y </div>

If you don't want to take part, don't sign your name!