



PCN ID:

Preterm Clinical Network (PCN) Database Consent Form

Project Lead: Professor Andrew Shennan

Please initial in boxes

1. I confirm that I have read and understand the information sheet (version 4 dated 26/06/2021) for the above project and have had the opportunity to ask questions.	<input style="width: 50px; height: 25px;" type="text"/>
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.	<input style="width: 50px; height: 25px;" type="text"/>
3. 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.	<input style="width: 50px; height: 25px;" type="text"/>
4. I understand that data collected may be looked at by individuals from the Sponsor (KCL/GSTT) from 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 records.	<input style="width: 50px; height: 25px;" type="text"/>
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.	<input style="width: 50px; height: 25px;" type="text"/>

Additional (optional) points of consent		
6. I understand that my NHS number will be stored to allow follow up of my future health status using routinely collected health records, and I consent to this.	<input style="width: 40px; height: 20px;" type="text" value="YES"/>	<input style="width: 40px; height: 20px;" type="text" value="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.	<input style="width: 40px; height: 20px;" type="text" value="YES"/>	<input style="width: 40px; height: 20px;" type="text" value="NO"/>
8. I consent to my name, telephone number, email address and NHS number, being stored to allow researchers to contact me with information about future research studies that I may be eligible for.	<input style="width: 40px; height: 20px;" type="text" value="YES"/>	<input style="width: 40px; height: 20px;" type="text" value="NO"/>

Signatures		
_____ Name of Participant	_____ Signature	_____ Date
_____ Name of Person taking consent	_____ Signature	_____ Date
_____ Name of Witness (if appropriate)	_____ Signature	_____ Date