

Consent Form

Great Ormond Street
Hospital for Children

NHS Foundation Trust



Comparison of Nasopharyngeal and Lower Oesophageal Temperatures

Under General Anaesthesia with an Endotracheal Tube with Leak

Name of Investigators: Dr Haberman /Dr Snoek / Dr Hume-Smith

Patient Identification Number:

1. I confirm that I have read and understand the information sheet dated 05/06/2014 (version 4) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that participation is voluntary and that we are free to withdraw at any time without giving any reason, without our medical care or legal rights being affected.

3. I understand that relevant sections of my child's medical notes and data collected during the study may be looked at by regulatory authorities or representatives from the NHS Trust. I give permission for these individuals to have access to these records.

4. I agree to take part in the above study

Name of child

Name of parent / legal representative

Signature

Date

Name of person taking consent

Signature

Date

Name of investigator (if applicable)

Signature

Date