

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