The National Maternity Hospital
Vita Gloriosa Vita ~ Life Glorious Life

Explicit Consent Form

Reference Number: **Protocol Number:**

Title of Study: **M**aximising **I**nitial **L**actation **Q**uantities for Preterm Infants: a randomised controlled trial (The **MILQprem** Study)

Research Team: Dr. Sarah Kasha, Roberta Mc Carthy, Ramita Dangol, Aoife Kenny, Harriet Kinsman, Dr. Mary O'Dea, Dr. Madeleine Murphy, Dr. Anna Curley

Research participant:

I confirm that I have read and understood the information leaflet dated……for the above research study and received an explanation of the nature , purpose and duration of the study .	**Yes** ☐	**No** ☐
I understand that participation is voluntary (my choice) and that I am free to withdraw at any time without impact on the medical care or legal rights of my child.	**Yes** ☐	**No** ☐
I am willing to allow access to my and my child's medical records by the relevant and responsible people from the research authorities but understand that strict confidentiality will be maintained. The purpose of this is to ensure that the study is being carried out correctly .	**Yes** ☐	**No** ☐
I give permission for researchers to look at my medical records to get information. I have been assured that information about me will be kept private and confidential.	**Yes** ☐	**No** ☐
I understand that relevant sections of my medical notes and or data collected during the study, may be looked at by individuals from the research team (listed above), where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	**Yes** ☐	**No** ☐
I consent to take part in this research study .	**Yes** ☐	**No** ☐
I give informed explicit consent to have my data processed as part of this research study.	**Yes** ☐	**No** ☐

I consent to be contacted by researchers by text messages as part of this research study on day 1, 3 , 7 and 14 after delivery as a reminder for recording milk amount in by milk diary .	**Yes** □	**No** □
I give permission for material/data to be stored for possible future research related to expression breast milk for premature new-borns or education without further consent being required but only if the research is approved by a Research Ethics Committee.	**Yes** □	**No** □
I have been given a copy of the Information Leaflet for this study.	**Yes** □	**No** □

Name of Patient (in block letters) Date Signature

…… …….. ……

Name of Person taking consent Date Signature

(If different from doctor/researcher)

…… …… ……

Doctor/Researcher Date Signature

…… …… ……..

1 copy for patient, 1 copy for researcher