



Personalised Risk assessment in Febrile illness to Optimise Real-life Management across the European Union (PERFORM)

Patient name:

DOB:

Study number:

Chief investigator: Prof. Mike Levin
Principal Investigator: xxxxxxxxxxxxxx

Consent form for children – parents and guardians to sign

- | | | Please
initial if you
agree |
|----|--|-----------------------------------|
| 1. | I confirm that I have read and understand the information sheet version 1 dated 3 June 2016 for the above study and been given a copy to keep. I have had the opportunity to ask questions and have had these answered satisfactorily. | <input type="checkbox"/> |
| 2. | I understand that participation is voluntary, and that I am free to withdraw consent from the study including the use of my child's samples and data at any time, without giving any reason and without my child's medical care or legal rights being affected | <input type="checkbox"/> |
| 3. | I understand that sections of any of my child's hospital notes and data collected during the study may be looked at by responsible individuals from (local site name) or from regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to access my child's records. | <input type="checkbox"/> |
| 4. | I agree to the use of my child's blood, DNA, nasal/throat swabs, urine and stool samples in this research project, as described on the patient information sheet. | <input type="checkbox"/> |
| 5. | I agree for my child to take part in this research study | <input type="checkbox"/> |
| 6. | I agree to the use of my child's samples in any future ethically-approved studies (this is optional). | <input type="checkbox"/> |

Name of Subject

Signature (if able)

Date

Name of Person taking consent

Signature

Date

Consent form version 1

parents and guardians to sign

REC no: 3 June 2016



This document is part of a project that has received funding from the European Union's Horizon 2020 research and innovation programme, under grant agreement nr. 668303

1 copy for subject; 1 copy for Principal Investigator; 1 copy to be kept with hospital notes.