



<<Insert Trust Header>>

PARTICIPANT CONSENT FORM

IRAS ID: 1008782

Empirical oral AntibioticS for possible urinary tract infection (UTI) in well appearing Young febrile infants

The **EASY** Study

Parent/Guardian Name:	
Child's Name:	

**Please initial
each box**

1. I confirm that I have read and understood the Participant Information Sheet for the above study and have been given a copy to keep. I have had the opportunity to ask questions and discuss the study. I understand why the research is being done and any foreseeable risks involved.
2. I understand that participation is voluntary and that I am free to withdraw my child from the study at any time, without giving any reason, without medical care or legal rights being affected.
3. I agree to being contacted by the research team to provide follow-up information about my child to assess their medical status and to complete follow up questionnaires.
4. I agree to my child's GP being informed of their participation in the study and for information about my child to be provided to the research team.
5. I understand that my child's medical notes and data collected during the study may be looked at by responsible individuals from the hospital, Trial Co-ordinating Centre, Sponsor (Belfast Health and Social Care Trust) or regulatory authorities, where it is relevant to my child taking part in this research. I give permission for these individuals to have access to my child's records. I agree to information related to this research being retained at the NHS Trust and the Trial Co-ordinating Centre, Belfast Health & Social Care Trust.

- 6. I give permission for information about my child to be analysed in strict confidence by responsible people from the study team.
- 7. I understand that my child's data will be shared in an anonymised format in publications, at conferences and in research data-sharing repositories and I understand that my child will not be personally identified.
- 8. I agree to my child's anonymised data being kept for at least 25 years after the study conclusion.
- 9. I agree to my child's anonymised data being shared and used in other research studies and I understand that they will not be personally identified.
- 10. I agree to my child taking part in the EASY study.

Name of Parent/Guardian
 (Block capitals)

Signature

Date

Name of Person Taking Consent
 (Block capitals)

Signature

Date