

## Participant Consent Form

<b>Study Title</b>	Near Infrared spectroscopy for <b>Monitoring</b> brain Oxygenation: a single-centre randomised controlled trial of freshly irradiated versus standard red cell transfusion for treatment of anaemia of prematurity ( <b>NIMO-Rad</b> )
<b>Locality</b>	Wellington Regional Hospital Neonatal Intensive Care Unit
<b>Coordinating Investigator</b>	Dr. Maria Saito-Benz
<b>Contact Number</b>	021570609
<b>Ethics Reference</b>	17/CEN/202

### Component of Consent (Please circle Yes / No where applicable)

The nature and purpose of the study described on the attached participant information sheet has been explained to me. I understand it and I agree for my baby to take part in the above study.

I have had the opportunity to discuss this study and ask any questions I may have.

I understand that there may be no benefit to my baby from taking part in the study.

I understand that my baby's participation is voluntary, and that I may withdraw him/her from the study at any time, without having to give a reason, and with no effect on current or future treatment.

I understand that my baby's health information will be kept confidential and that no information that could identify my child or myself will be used in any publication.

I understand there will be no payment to me or my baby for taking part in this study.

I know whom to contact if I have any questions/concerns about the study.

I understand that study records will be stored electronically and securely in a databank for until my child's 16<sup>th</sup> birthday.

**Component of Consent (Please circle Yes / No where applicable)**

Your baby may receive more than one blood transfusion while in Wellington NICU. If transfusion episodes are more than 1 week apart, are you happy for your baby to continue to be on the study and be re-randomised?

YES  
NO

I wish to receive a summary of study findings.

YES  
NO

If you have answered 'YES' to the question above, please write down your physical address, email address or phone number below so that we can contact you once the study is completed.

\_\_\_\_\_

**Signatures**

**Participant Parent or Guardian**

Name of child: \_\_\_\_\_

I \_\_\_\_\_ (full name) hereby give consent for my child to take part in this study.

Relationship to child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Investigator**

Study was explained by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_