

Participant Initials:
Participant DOB:
Participant Study ID:

PARENT/GUARDIAN CONSENT FORM

Title of Project:

ADAPT: Atopic Dermatitis Anti-IgE Paediatric Trial. The role of anti IgE (omalizumab/Xolair in the management of severe recalcitrant paediatric atopic eczema

Name of Researchers: Dr Susan Chan/ Professor Gideon Lack/Dr Emma Wedgeworth

Contact Details: 020 7188 3300 / 020 7188 1788 x 54293

Please initial box

1. I confirm that I have read and understand 'The role of anti-IgE in the management of severe recalcitrant atopic eczema' (19.06.2015 v.8.2) for the above study and have had the opportunity to ask questions.
2. I understand that our 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 agree that samples of my child's blood may be used for the research described. I understand how the samples will be collected, that giving samples for this research is voluntary and that I am free to withdraw my approval at any time, without giving any reason, without our medical care or legal rights being affected.
4. I agree that my child will have skin biopsy samples taken before and after treatment (*Optional*)
5. I agree that my child will undergo the TEWL (trans-epidermal water loss) test before and after treatment (*Optional*)
6. I agree that images that are taken of my child's eczema may be used in academic publications and at scientific conferences. I understand that once my child's images are used/ published in the public domain the Trial staff are unable to control future use. (*Optional*)
7. I agree to permit the collection and storage of my child's stored samples for future ethically approved research studies to learn more about allergy, asthma, and the immune system (the body's natural defence system against infectious disease and illness). Samples may be sent to laboratories within and/or outside of the European Union for further analysis. (*Optional*)
8. In addition, I agree to permit my child's stored samples to be used in future ethically approved research for genetic (i.e. DNA) testing and for other diseases related to the immune system. I understand that I give permission to use my child's stored samples for future genetic testing and future immune system studies that may or may not be related to food allergy. (*Optional*)

Participant Initials:
Participant DOB:
Participant Study ID:

Participant's Parent/Guardian (signature)

Participant's Parent/Guardian (print name)

Date.....

Person conducting informed consent discussion (signature)

Person conducting informed consent discussion (print name)

Date.....

Thank you for agreeing to take part in the study.

You will be given a copy of the information sheet and a signed consent form to keep.