

[SITE LOGO]

### Parent Informed Consent Form

**Study Title:** Real Time Continuous Glucose Monitoring in Neonatal Intensive Care (REACT RCT)

**Principal Investigator:**

**Centre:**

**Participant Number:**

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*If you agree with each sentence below, please initial the box*

Initials

1	I have read and understood the parent information sheet dated 17 Dec 2015 (version 4.0) for the above study and I confirm that the study procedures and information have been explained to me. I have had the opportunity to ask questions and I am satisfied with the answers and explanations provided.	
2	I understand that my baby's participation in this study is voluntary and that I am free to withdraw my consent at any time, without giving a reason and without their medical care or legal rights being affected.	
3	I understand that sections of my baby's medical notes or information related directly to their participation in this study may be looked at by responsible individuals from the sponsor, regulatory authorities or NHS Trust, where they are taking part in the study and research personnel where it is relevant to my baby's taking part in research. I give permission for these individuals to have access to my baby's records.	
4	I give permission for my baby's consultant to be informed of my participation in this study and sent details of the REACT study.	
5	I have read and understood the compensation arrangements for this study as specified in the parent information sheet.	
6	I have understood that the doctors in charge of this study may close the study, or stop my baby's participation in it at any time.	
7	I agree to my baby's contact details being held at the University of Cambridge and understand that I may be contacted at a later date about potential follow up studies.	
8	I agree that information held by the NHS and records maintained by the General Register Office may be used to keep in touch with my baby and follow up their health status.	
9	I agree for my baby to participate in the REACT RCT study.	

**Name of baby (participant):** \_\_\_\_\_ *(Block Capitals)*

**Name of parent/Legal Guardian:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of person taking consent:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position of person taking consent:** \_\_\_\_\_

***Original copy retained by Researcher, copy to be given to the parent, copy to be retained in hospital notes.***



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