

PREDNOS 2 Study No.:

Name of Child:

.....

Parent Consent Form

Short course daily prednisolone therapy at the time of upper respiratory tract infection in children with relapsing steroid sensitive nephrotic syndrome; the PREDNOS 2 study

**Please initial box
to confirm consent**

1. I confirm that I have read and understood the information sheet for the PREDNOS 2 study (version 3.0, dated 1st August 2018). I have had the opportunity to consider the information, ask questions and these have been answered satisfactorily. ☐
2. I understand that my child's participation in this study is voluntary and that if they take part they are free to withdraw at any time without giving a reason, and without their medical care or legal rights being affected. ☐
3. I understand that information about my child's progress will be supplied in confidence to the study coordinators at the Birmingham Clinical Trials Unit (BCTU) by my own doctors for use in the PREDNOS 2 study. ☐
4. I understand that relevant sections of any of my child's medical notes may be looked at in confidence by responsible individuals from the BCTU, or from regulatory authorities or from the NHS trust, where it is relevant to my child taking part in this research and to check that the study is being carried out correctly. I give permission for these individuals to have access to my child's records. ☐
5. I agree that a copy of this consent form will be faxed to the Pharmacy Department at Birmingham Children's Hospital. ☐
6. I understand that my child's GP will be informed of my child's participation in the PREDNOS 2 study. ☐
7. I agree to my child's blood samples being taken, extracted DNA being stored and used for research both within this study and in future related studies. Any such studies on these samples would require Research Ethics Committee approval. ☐
8. I agree that I may be contacted by the research team in the future regarding further research that is linked to this study. ☐
9. I agree for my child to take part in the PREDNOS 2 study. ☐

Name of Parent Date (dd/mmm/yyyy) Signature

Name of Researcher Date (dd/mmm/yyyy) Signature

If an interpreter has translated this form they should countersign here to certify that they have translated fully and accurately

Name of Translator Date (dd/mmm/yyyy) Signature

One copy to be kept in the PREDNOS 2 study site file, one copy for the parent, one copy kept with patient's notes and one copy faxed to the Birmingham Children's Hospital Pharmacy Dept.