British Society of Paediatric Gastroenterology, Hepatology, and Nutrition / British Association of Paediatric Surgeons

Centre Name:
Study Number:
Patient Number for this trial:

Consent Form

Project Title: Epidemiological study of Intestinal Failure in Infants and Children

Name of Local Researcher:

Name of Patient…….. D.O.B…….

1. I confirm that I have read and understand the information sheet dated: ……. for the above study and I have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medial care or legal rights being affected.

3. I understand that sections of my child's medical notes may be looked at by responsible individuals from (hospital name). I give permission for these individuals to have access to my child's records.

I agree to take part in the above study and agree to the inclusion of my child's information in the British Intestinal Failure survey register.

Name of Parent (or Guardian)	**Date**	**Signature**
Name of Person taking consent (If different from researcher)	**Date**	**Signature**
Local Researcher	**Date**	**Signature**

1 for patient, 1 registry, 1 to be kept in hospital notes