

CONSENT FORM FOR PARENT/GUARDIAN

Title of Study: RSV ComNet II study
Name of Researcher: Prof Simon de Lusignan

IRAS ID: 285025

NHS REC Ref:

Thank you for considering entering your child into this research. If you have any questions arising from the PIS or explanation already given to you prior to sampling, please ask your clinician.

**Please
initial**

1. I confirm that I have read and understood the information sheet dated [25/11/2020, Version 3] for the above study. I have had the opportunity to consider the information and asked questions which have been answered satisfactorily.
2. I understand that my child's participation is voluntary and that I am free to withdraw my child's participation at any time without giving any reason and without my child's medical care or legal rights being affected.
3. I understand that relevant sections of my child's medical records and data collected during the study, may be looked at by individuals from the University of Oxford. I understand that such information will be handled in accordance with current data protection regulations.
4. I understand that the information collected about my child will be used to support other research in the future, and may be shared anonymously with other researchers.
5. I understand that confidentiality and anonymity will be maintained and it will not be possible to identify my child in any publications.
6. I agree to my child taking part in this study

Name of Child	Date	
Name of Parent or Guardian	Date	Signature
Name of person taking consent	Date	Signature