

Participant Consent Form

Study Title	Near Infrared spectroscopy for Monitoring brain Oxygenation in Premature infants (NIMO-Prem)
Locality	Wellington Regional Hospital Neonatal Intensive Care Unit
Coordinating Investigator	Dr. Maria Saito-Benz
Contact Number	021570609
Ethics Reference	16/NTA/209

Component of Consent	Please Check/Circle
The nature and purpose of the study described on the attached participant information sheet has been explained to me. I understand it and agree to my baby taking part.	<input type="checkbox"/>
I have had the opportunity to discuss this study and ask any questions I may have.	<input type="checkbox"/>
I understand that my baby will not directly benefit from taking part in the study.	<input type="checkbox"/>
I understand that my baby's participation is voluntary, and that I may withdraw him/her from the study at any time, without having to give a reason, and with no effect on current or future treatment.	<input type="checkbox"/>
I understand that my baby's health information will be kept confidential and that no information that could identify my child or myself will be used in any publication	<input type="checkbox"/>
I understand that this is an observational study and that results should not be used to guide medical decisions or management for my baby.	<input type="checkbox"/>
I understand there will be no payment to me or my baby for taking part in this study.	<input type="checkbox"/>

Component of Consent	Please Check/Circle
I know whom to contact if I have any questions/concerns about the study.	<input type="checkbox"/>
I understand that study records will be stored electronically and securely in a databank until my child is 16 years of age.	<input type="checkbox"/>
I wish to receive a summary of study findings.	YES NO
I am happy to be contacted in the future for information regarding related studies.	YES NO

Signatures

Participant Parent or Guardian

Name of child: _____

I _____ (full name) hereby give consent for my child to take part in this study.

Relationship to child: _____

Signature: _____ Date: _____

Investigator

Study was explained by: _____

Signature: _____ Date: _____