**Participant Consent Form**

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| ***Study title*** **Toxicosurveillance of exposure to laundry detergent capsules – a 24 month prospective study** |

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| I have read and understood the **Information Leaflet** about this research project. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction. | **Yes**  | **No**  |
| I understand that I don’t have to take part in this study and that I can opt out at any time. I understand that I don’t have to give a reason for opting out and I understand that opting out won’t affect my/my child’s future medical care. | **Yes**  | **No**  |
| I consent for the researchers to contact the hospital where my child was treated, if applicable. I have been assured that all personal information will be kept private and confidential. | **Yes**  | **No**  |
| I have been given a copy of the Information Leaflet and a copy of this consent form.  | **Yes**  | **No**  |
| I consent to take part in this research study having been fully informed of the risks, benefits and alternatives. | **Yes**  | **No**  |
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| I consent to information about me/my child to be stored or electronically processed for the purpose of scientific research. | **Yes**  | **No**  |
| I give informed explicit consent to have my data processed as part of this research study. | **Yes**  | **No**  |
| I consent to be contacted by the researchers as part of this research study. | **Yes**  | **No**  |
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Participant Name – Person who gives consent (Block Capitals) | Date

**Telephone consent provided on** ------/-------/-------

**To be completed by the Investigator obtaining consent**

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a way that they could understand. I have invited them to ask questions on any aspect of the study that concerned them.

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--------------------------------------------------------------------------------------------------------------------------Name (Block Capitals) | Signature | Date