

Consent Form for Parent/Guardian of Newborn Infant Video Recording Newborn Neurological Assessment | COMET Trial

Chief Investigator: Professor Sudhin Thayyil

Please complete form using BLOCK CAPITALS

Name of recruiting Hospital:	
Name of Principle Investigator (PI):	
Subject Video ID:	
Baby's first name and last name:	
Baby's date of birth (dd/mm/yyyy):	
Baby's age at video recording (min)	
Name of delegated study personnel explaining study to parent:	

Initials
here

Please initial all boxes for participating in this study

1.	I confirm that I have read and understand the parent information sheet version _ . _ , Date: ____/____/2025, for video recording of newborn neurological assessment to train doctors in the COMET Trial and have had the opportunity to ask questions which have been answered fully.	
2.	I understand that if I decline participation, the video recording of my baby's neurological assessment will be deleted.	
3.	I agree for the video recording of my baby's neurological assessment to be shared with neurology experts at Imperial College London to help improve quality assurance and training of clinicians and nurses.	
4.	I agree that my baby's data obtained as part of standard clinical care (e.g., imaging data and aEEG) may be used for research purposes.	
5.	I give / do not give (delete as applicable) consent for information collected about my child to be used to support other research or in the development of a new test, medication, medical device or treatment (delete as applicable) by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).	
6.	I understand that data collected are a gift donated to Imperial College and that I will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication treatment, product or service.	
7.	I consent to take part in Video Recording Newborn Neurological Assessment to Train Doctors in the COMET Trial	

Name of parent / legal guardian

Signature

Date

Name of person obtaining consent
(must be listed on the site delegation log)

Signature

Date

All consent forms must be printed, presented and stored in double sided format | 1 copy for participant: 1 copy for Principal Investigator 1 copy for hospital notes