Verbal Consent Form

Hospital name:

Study ID:

Baby's first name:

Baby's surname:

Name of parent/guardian who gave verbal consent:

I confirm the study was discussed with the parent/guardian, that they had opportunity to ask any questions, and they are aware they are free to withdraw their baby at any time ☐

The following consents were given:
(Statements 3-5 apply to either or both of the randomisations to which the parent has consented)

1. Consent for Randomisation 1 Y☐ N ☐
   If Yes, Date:
2. Consent for Randomisation 2 Y☐ N ☐
   If Yes, Date:
3. Consent to use data obtained in COLLABORATE in future approved research studies Y☐ N ☐
4. Consent to recontact parent/guardians for future research Y☐ N ☐

OPT-OUT CLAUSE

5. Consent provided to share study updates and results Y☐ N ☐

If yes to clause 4 and/or yes to clause 5 above please provide the postal address, email, or mobile number for the parent/legal guardian's preferred method of contact

Email: Mobile number:

Postal Address:

Staff name taking consent: Date:

Only required if consent for Randomisation 1 and 2 are taken on different days

Staff name taking consent: Date:

PLEASE PLACE A COPY OF THIS FORM IN BABY'S MEDICAL NOTES, A COPY IN THE INVESTIGATOR SITE FILE, AND GIVE A COPY TO THE PARENT/GUARDIAN

Website: https://www.imperial.ac.uk/neonatal-data-analysis-unit/collaborate/