

Study Number:
Patient Identification Number for this trial:
Ethical application number: **10/H0807/93**



**CONSENT FORM (parent or carer)
(Version IV: 31st March 2013)**

Title of Project: Brain Function in Rolandic Epilepsy

Name of Researchers: Professor Deb Pal, Dr. Anna Smith, Dr. Colm McGinnity.

Please initial box

- 1 I confirm that I have read and understand the information sheet dated (version) for the above study and have had the opportunity to ask questions.
- 2 I understand that my child's participation is voluntary and that he/she is free to withdraw at any time without giving any reason, without his/her medical care or legal rights being affected. Biological samples will be destroyed as detailed.
- 3 I understand that sections of any of his/her medical notes may be looked at by a clinical radiographer, a radiologist and the researchers named above. I give permission for these individuals to have access to his/her records.
- 4 I agree that my child's biological material e.g. blood, saliva, DNA can be removed and used for the above study and that I have been made aware of surplus material disposal methods according to the Human Tissue Act 2004.
- 5 I agree that any biological material surplus to this study and relevant clinical information can be used for future related research, which has been approved by a recognised Research Ethics Committee.
- 6 I agree for my child to take part in the scanning study.
- 7 I agree that my child's GP will be contacted regarding his/her participation in this study.

8 I agree that my child's GP, any other Clinician currently treating him/her, and the researchers named above will be contacted if any abnormalities are detected in his/her brain.

9 I would like to have written feedback on the study findings.

Name of Parent/Carer

Date

Signature

Name of Person taking consent
(if different from researcher)

Date

Signature

I confirm that I have explained the study to the participants in all relevant details and have answered any questions honestly and fully

Researcher

Date

Signature

1 for parent/carer; 1 for researcher; 1 to be kept with hospital notes