# WOMEN’S & CHILDREN’S HEALTH NETWORK (WCHN)

# HUMAN RESEARCH ETHICS COMMITTEE (HREC)

**CONSENT FORM**

**LAY TITLE (insert lay project title)**

**SCIENTIFIC TITLE (insert scientific project title)**

***(Please note: The Consent Form should be amended specifically for your project)***

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**hereby consent to my (my child's\*\*) involvement in the research project entitled:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The nature and purpose of the research project described on the attached Information Sheet has been explained to me. I understand it and agree to (my child\*\*) taking part.

*Note 1: If the information sheet has been sent in the mail to potential participants this paragraph will need to be amended*.

2. I understand that I (my child\*\*) may not directly benefit by taking part in this study.

3. I acknowledge that the possible risks and/or side effects, discomforts and inconveniences, as outlined in the Information Sheet, have been explained to me.

*Note 1: If the information sheet has been sent in the mail to potential participants this paragraph will need to be amended*.

4. I understand that I can withdraw (my child\*\*) from the study at any stage and that this will not affect medical care or any other aspects of my (my child's\*\*) relationship with this healthcare service.

5. I understand that there will be no payment to me (my child\*\*) for taking part in this study.

*Note 1: This paragraph will need to be amended if participants are to be* ***reimbursed*** *for expenses incurred as part of their involvement in the study.*

6. I have had the opportunity to discuss taking part in this research project with a family member or friend, and/or have had the opportunity to have a family member or friend present whilst the research project was being explained by the researcher.

*Note 1: If the information sheet has been sent in the mail to potential participants this paragraph will need to be amended*.

7. I am aware that I should retain a copy of the Consent Form, when completed, and the Information Sheet.

8. a) I consent to a specimen of the following ..........................................being taken from me (\*\*my child) and being used in the above project.

 b) I do / do not consent to the ................................. samples being used in any other research project, provided the project has the approval of the Women's & Children's Hospital Research Ethics Committee.

*Note 1: Delete or change as required. For example, if the study involves photographing participants, you will need to reword clauses 9a and 9b.*

*Note 2: If you are requesting the use of samples/information for possible future approved studies you need to include this in the information sheet.*

9. I understand that I am free to stop donating .............................. samples at any stage, without giving any reason, and that my action of donating/not donating a sample will not affect (i) my prospects in any position; (ii) any academic prospects; or (iii) any other conceivable situation.

 *Note 1: Delete or change as required. For example, 10 (ii) will not apply to all participants.*

10. I agree/disagree to the accessing of my (my child’s) medical records for the purpose of this study.

*Note 1: Delete or change as required. For example, 10 (ii) will not apply to all participants.*

11. I understand that my (my child’s) information will be kept confidential as explained in the information sheet except where there is a requirement by law for it to be divulged.

*Note 1: This paragraph may need to be amended where identifiable information such as photographs are used in publications and so on.*

*Note 2: Suggested confidential statement for information sheet:* *Your information will remain confidential except in the case of a legal requirement to pass on personal information to authorised third parties. This requirement is standard and applies to information collected both in research and non-research situations. Such requests to access information are rare; however we have an obligation to inform you of this possibility*

12.I understand that the alternate contacts I have provided may be used to contact me as explained in the information sheet for study related purposes.

*Note 1: Delete as required. Please see the WCHN Human Research Ethics Committee web site (*[*http://www.wch.sa.gov.au/research/committees/humanethics/index.html*](http://www.wch.sa.gov.au/research/committees/humanethics/index.html)*) for appropriate text to incorporate into the information sheet*.

**Interpreter Acknowledgement** (where applicable)

I certify that I have fully translated the explanation of the study as outlined by the clinician:

Language: …………………………………………………...

Interpreter Name: …………………………………………... Signature: ………………………………

*(Print clearly)*

***\*\* Please delete the bracketed phrases as appropriate.***

Signed: .........................................................

Relationship to Patient: ......................................................

Full name of patient: ..............................................................

Dated:.............................

I certify that I have explained the study to the parent (\*\*patient)(\*\*and/or child) and consider that he/she understands what is involved.

Signed: .................................................... Title: .......................................................

Dated: ...............................

*Note 1: In the case of children/young persons who are mature enough to give their assent, please either add a signature section for them to sign to this consent form, or use a separate consent form.*

*Note 2: Please ensure that signatures do not occur on a separate page by themselves.*