



Consent form

COHESION (Core Outcomes in Neonatal Encephalopathy)

Participant Information Number: _____ (to be completed by researcher)

Declaration of the participant- please tick (✓) the relevant box YES NO

I have read or have been read the participant information sheet for this interview and I understand the contents.		
I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.		
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason and without any negative consequences.		
I agree to the interview being audio recorded.		
I agree that the audio recording of the interview will be stored securely in the National University of Ireland, Galway, for a period of seven years after the completion of this study.		
<u>Storage and future use of information:</u> I give my permission for information collected about me to be stored or electronically processed for the purpose of research and to be used in <u>related studies or other studies in the future</u> but only if the research is approved by a Research Ethics Committee.		
I give permission to be contacted in the future about other studies I may be interested in participating in.		

Participant name: _____

Participant signature: _____

Date: _____

Statement by the researcher/person taking consent

I have, to the best of my ability made sure that the participant understands what is involved in taking part in this study and that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Researcher / person taking consent:

Name of person taking consent:

Signature of person taking consent:

Date:
