

CONSENT

Yes No

- I consent to a specimen of DNA (genetic material) being taken from my cheek cells and a specimen of DNA from my child’s cheek cells solely for the purposes of this study and not for other purposes.
- If my child is on a state cerebral palsy register, I consent to the research team accessing any data held by the register (*not applicable for non-CP families*).
- I consent to the information that I give in the medical questionnaire being used in the research without identifying me or my child.
- I consent to the research team accessing medical case notes (if necessary) from the pregnancy and early newborn period to obtain relevant clinical information if necessary. I understand that this information will not be used to identify me or my child. (Providing your child’s last name at birth will help with data retrieval)

If your child was born in ACT, please provide your Personal Master Index (PMI): _____

- I consent to the research team accessing the supplementary birth record data collected by the State Perinatal Data Collection Units, to obtain relevant clinical information. I understand that this information will not be used to identify me or my child. (Providing your child’s last name at birth will help with data retrieval)
- I consent to my child’s newborn screening card being retrieved and tested as part of this project, for evidence of exposure to viruses.
- I consent to the de-identified DNA samples being used in other research projects, provided the project has the approval of the Children, Youth and Women’s Health Service.

These items relate to notification of the final study results (expected after 2010):

- I wish to be sent the *general* results of this research.
- I wish to be notified of any results that may be clinically relevant for my child’s or my own future health.

Mother’s Signature:

Dated:

Father’s Signature (optional):

Dated:

Your Address:

.....

..... **Best Contact Number**

The name of your child’s school:

I shall inform the research team of any future change of address if I wish to remain in contact.

Professor Alastair MacLennan

Trial Co-ordinator

for The South Australian Cerebral Palsy Research Team.

Mr. Michael O’Callaghan

Ph: 1800 800 254, Fax: (08) 8161 7652

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