

Irish Register for children with Down syndrome

Consent form – Patient copy

Title of research study: Developing a National Register for children with Down syndrome

I have read, or had read to me, this consent form. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I freely and voluntarily agree to be part of this research study, though without prejudice to my legal and ethical rights. I have received a copy of this agreement. I believe I understand what will happen if I agree to be part of this study. The data sheet will be sent directly to the register by post/email.

I consent to my child _____ to become a participant in The National Register

To be completed by Parent/Guardian

Name please complete in block letters: _____

Name please sign: _____

Date please complete: _____

I agree to be contacted by the researchers of the register

Yes No

Statement of investigators responsibility: I have explained the nature, purpose, procedures, benefits, risks of, or alternatives to, this research study. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

Doctor/midwife/nurse signature: _____

Date: _____

(keep the original of this form in the participants medical record, give on copy to the participant, and send one copy to Ms Fiona Mc Grane ; Department of Paediatrics, Trinity Centre for Health Sciences, Tallaght Hospital, Tallaght, Dublin 24 or via email mcgranfi@tcd.ie for the registers records)

Irish Register for children with Down syndrome Consent form – Chart copy

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Irish Register for children with Down syndrome

Consent form – Register copy

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