

Consent for collection of medical information

Consent form for parent/guardian of patient with underactive thyroid diagnosed by new-born screening.

Procedure: To gather information on patients born with underactive thyroid and to hold that information for the purposes of audit and research.

If you have any further questions please do not hesitate to contact:

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1. I confirm that I have read and understood the Information sheet Version Dec 2019 (please add date here) for the above process and have had the opportunity to ask questions.

2. I understand that my consent is voluntary and that non-participation will not affect my child's medical care or legal rights in any way. I understand that I can withdraw consent at any time so that no further records are made and that existing records will be destroyed.

3. I understand that my child's medical notes may be looked at by responsible individuals from Royal Hospital for Children, Glasgow and that these individuals have a duty of confidentiality to my child and myself. I give permission for these individuals to have access to my child's records.

4. I consent to the use of the information gathered for Medical research purposes. All such medical research will have ethical approval. I understand that any Information used will be anonymised.

Name of parent/guardian (Please print) _____

Date _____ Signature _____

Name of patient _____ Relationship to patient _____