

## Biological and genetic basis of allergic and immune disorders

Chief Investigator: Peter Arkwright

## Consent Form – Affected Child

If you are happy for your child to participate please complete and sign the consent form below

	Activities	Initials
1	I confirm that I have read the attached information sheet (version 6, 8 <sup>th</sup> May 2019) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	A
2	I understand that my child's participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to my child. I understand that it will not be possible to remove my child's data from the project once it has been anonymized and forms part of the data set. I agree to allow my child take part on this basis.	A
3	I agree to my GP being informed of my child's participation in this study.	A
4	I agree that my doctor and the study investigator physicians may access my child's medical records and record information required for this study.	A
5	I understand that, for audit and monitoring purposes, relevant sections of my child's medical notes and data collected during the study may be looked at by individuals from the NHS Trust, the University of Manchester or regulatory authorities where it is relevant to my taking part in the research. I give permission for these individuals to have access to this data.	A
6	I agree to allow my child have a <b>blood sample</b> taken for the research purpose as explained to me. I understand I agree that my doctor and the study investigator physicians may access my child's medical records and record information required for this study.	A
7	<b>OPTIONAL:</b> I agree to allow my child to provide a skin sample (biopsy) for further studies to understand more about the cause of my child's health condition.	/
8	<b>OPTIONAL:</b> I agree to allow my child to provide a bone marrow sample for further studies to understand more about the cause of their health condition.	/
9	<b>OPTIONAL:</b> I agree to allow my child to provide a blood sample from which 'stem cells' could be made to allow further studies to understand more about the cause of my child's health condition.	A
10	I understand that the sponsors of this study may make my child's <b>blood sample/DNA</b> available to other researchers <b>for this research and that this may include researchers working abroad</b> . I give permission for these individuals to have access to my <b>sample, (but not any personal identifying information about me. I offer my child's blood sample as a gift).</b>	A

11	I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my child's data.	A
12	I agree that any <b>anonymized</b> data collected may be shared with <b>researchers/ researchers at other institutions</b> .	A
13	I agree that any data leading to novel insights into immune or allergic disease collected may be published in anonymous form in <b>academic books, reports or journals</b> .	A
14	I agree that the researchers may retain my child's contact details in order to provide me with a summary of the findings for this study.	A
15	I agree to allow my child to take part in this study.	A

### Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.

Name of Parent

14/5/19  
Date

14/5/19  
Date

1 copy for the participant, 1 copy for the research team (original), 1 copy for the medical notes