

**ABA INFANT FEEDING STUDY
CONSENT FORM**

Please initial inside each box

- 1 I confirm that I have read and understood the information sheet, dated __/__/____ version _____ for the above study. I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily.

- 2 I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected. I understand that data collected up to my time of withdrawal may be used.

- 3 I agree for my contact details to be passed onto the ABA infant feeding team and for details about when I give birth to be passed to the research team at the University of Birmingham and to the ABA infant feeding team.

- 4 I agree to interviews being audio-recorded and anonymised quotes to be used as part of study dissemination.

- 5 I understand that relevant sections of my medical notes, infant feeding support records collected by [REDACTED] and information collected during the study may be looked at by individuals from the University of Birmingham and the ABA research team, where it is relevant to my taking part in this research. The Sponsor, subject to agreement from [REDACTED], may appoint a third party to access my identifiable data. I give permission for these individuals to have access to my medical and research records.

- 6 Information collected that identifies me by name and date of birth and includes my contact details (contact details form), will be transferred from where it is collected and stored at the University of Birmingham. I agree to this transfer and storage.

- 7 I understand that the study researchers may contact me for follow up by letter, telephone, SMS text message or email to remind me to complete the questionnaires or to ask me questions. I understand SMS text messages will be done via mobile telecommunications company systems.

- 8 I agree to take part in the ABA infant feeding study.

- 9 I agree to be approached in the future to ask how my baby and I are getting on.
(optional)

Name of Participant

Date

Signature

Name of Person taking Consent

Date

Signature

When completed: 1 for participant, 1 for hand held maternity record, 1 for Investigator Site File, 1 for UoB Trials Unit

FOR OFFICE USE ONLY:	
Participant ID number:	
Participant Initials:	
Site area:	