

Copenhagen Baby Heart

By your signature(s) you declare that:

- You have received a personal copy of the written study information.
- You have had a chance to ask all the questions you have at this time. All your questions have been answered in a way that is clear.
- You have received enough information to take this decision on behalf of your child.
- You know that participation in the research study is voluntarily.
- If you decide to join the study now you can always change your mind later and retract your consent.
- You agree to have your child take part in the research study
- You agree to have his/her biological material to be stored in a research biobank (freezer)

I/We have received a copy of this consent sheet and received a copy of the written information about the project.

Printed name of the child's mother

Mothers CPR-number

Date

Signature mother

Date

Signature partner

Both signatures are needed when both parents are legal guardians/have joint custody

Mother's phone number

Mother's Email

Remember to schedule an appointment for the echocardiogram after birth: www.baby-heart.dk

Would you like to be informed of the results of the research study and any consequences the results may have on the care of your child?

Yes _____ (please mark with x) No _____ (please mark with x)

Remember that you do not have to sign the form immediately but have the right to think things through and get back to us with your decision. If you have not signed immediately and you decide to participate after considerations, please sign the parent permission form before your child is born and e-mail to: hgh-babyheart@regionh.dk or by mail to: Copenhagen Baby Heart, Hjertemedicinsk afsnit S103, Herlev Hospital, Herlev Ringvej 75, 2730 Herlev.

Researcher's Signature

I have fully explained the research study described by this form. I have answered the parents' questions and will answer any future questions to the best of my ability. I am convinced that the parents have received enough information to take this decision on behalf of their child.

Date: _____ Signature: _____

Projektidentifikation: H-16001518