

PARENT CONSENT FORM

National Register of Hepatitis C Virus Infections with a Known Date of Acquisition

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For children under the age of 16 a parent or guardian should complete the details below and sign and date the declaration to give consent for a child to be included in the HCV National Register.

Patient's name or NHS number:

Patient's date of birth:

Name of Doctor:

Hospital/surgery address:

Hospital number/reference:

Study number:

Parent or Guardian's name:

Relationship to child:

I have read, considered and understood the information leaflet about the HCV National Register with a Known Date of Acquisition. I agree to the processing and disclosure of personal data contained in my child's medical records to the HCV National Register with a Known Date of Acquisition. I also agree to the central archiving of my child's spare blood specimens and spare liver biopsy slides.

.....
(please print name)

.....
(date)

.....
(signature)

Please sign above. You should retain the bottom (blue) copy for your own records and return the remainder of the form using the pre-paid envelope provided.

White: **REGISTRY COPY**

Yellow: **CLINICIAN'S COPY:** To be retained in the patient's medical notes

Blue: **PARENT'S/GUARDIAN'S COPY:** To be kept by the **parent** for their records

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