Appendix I. Consent forms *MRC Human Nutrition Research*

Table of contents:

	Pages
Physical measurement consent form (Stage 1)	1
Clinic (Stage 2) consent form	2-4
General statements	2
Physical measurement consent	3
Stable isotope consent	3
Blood consent	4







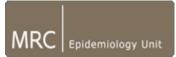


Diet and Nutrition Survey of Infants and Young Children, 2011









CONSENT FORM FOR THE NATIONAL INFANT DIET AND HEALTH STUDY

Seri	al Number:											
First Name:												
Sex	Male Female	1 2	Date of birth:	DAY MONTH	YEAR							
РΗ	YSICAL MEAS	GUREMENTS		C Reference Number: ne of Lead Investigato	-	•						
I		being the	e legal parent/g	uardian of								
(su	bsequently referre	ed to as "child") h	nereby give my	permission fully and free	ely for my ch	nild to						
par	ticipate in the Infa	ant Diet and Heal	th study.									
				P. YES	lease initial th NO	ne relevant box						
1.	I confirm that I h entitled 'National dated 30 October	Infant Diet and	Health Study' -	formation sheet Information for parents								
2.				d to me by the interview have had these answere								
3.	I agree for my ch the above study.	nild to have body	weight measur	ements taken as part of								
4.	I agree for my ch the above study.	nild to have body	length measure	ements taken as part of								
5.	I agree for my ch part of the above		circumference	measurements taken as								
6.	I understand that to withdraw him/	,	•	ntary and that I am free any reason.								
	me of Parent/guardian ase print)	Date		Signature								
Nar	ne of Interviewer	 Date		Signature	<u></u>							









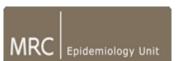
National Infant Diet and Health Study CLINIC CONSENT FORM

Study	y ID Number													
partici	quently referred to pate in the Nationa	as chilo Il Infant		eby	give	my	perr	nissio	n fully	and free	·			vant box
GLINE	RAL STATEME	<u></u>										Y	es	No
1.	I confirm that I hat 'National Infant visit dated 08 Au the information, a	Diet an ugust 2	d He. 010 (alth ver	Stu sion	ıdy' 1 3.0	– <i>In</i>), h	form ad the	ation oppor	about t o	he clini o conside			
2.	I understand that withdraw from any and without our m	y stage o	of the	stu	dy, a	at an	y tin	ne, wit	thout o	giving ar	ny reaso	n, [
3.	I consent to my go participation in thi										3			
4.	I give permission (blood and/or urin another laboratory of nutritional asse investigators in wi	e) samp / outside ssment.	les ta of M I can	ken RC I witl	as p Hum hdra	oart an N w co	of th utrit	is studion Re ion Re nt at a	dy may esearch iny tim	y be ana h for the	lysed in purpose			
Name o	of Parent/Guardian orint)	Date					_ Si	gnature	e				_	
Name o	of Research Team Meml	oer Date					_ Si	gnature					_	









National Infant Diet and Health Study CLINIC CONSENT FORM – continued page 2

	Stud	y ID Number		
	RESE	EARCH CLINIC VISIT - OPTIONS Please	initial releve	ant box
	A) Pi	HYSICAL/SKINFOLD MEASUREMENTS	Yes	No
	5.	I agree for my child to have physical measurements taken by a trained person as part of the above study.		
	6.	I agree for my child to have skinfold measurements taken by a trained person as part of the above study.		
	B1) N	MEASUREMENT OF BREAST MILK INTAKE (breastfeeding only)		
	7.			
<u>or</u>		I give permission for my child to have $\underline{\text{breast milk intake}},$ fluid intake and body composition measured.		
	B2) N	MEASUREMENT OF BODY COMPOSITION		
	9.	I confirm that I have read and understand the information sheet entitled 'National Infant Diet and Health Study' - How much breast milk and/or other fluid does your baby drink dated 31 August 2010 (version 4.0), had the opportunity to consider the information, ask questions and have had these answered satisfactorily.		
	10	. I give permission for my child to have fluid intake and body composition measured .		
	Name (Please	of Parent/Guardian Date Signature print)		
	Name	of Research Team Member Date Signature		









National Infant Diet and Health Study

CLINIC CONSENT FORM – continued page 3

Study ID Number														
RESEARCH CLINIC	VISIT -	- OP	TIO	NS	<u>co</u>	nti	<u>nued</u>	<u> </u>						
C) BLOOD SAMPLE										Ple	ease ii	nitial re	eleva	nt box
												Ye	s	No
11. I confirm that I have 'National Infant I sample? dated 02 consider the inform satisfactorily.	Diet and 2 Novem	Heal ber 2	th S 2009	tud V (ve	y' – ersi	WI on .	<i>iy pro</i> 2.0), h	vide nad th	<i>a blod</i> ne oppo	o d ortunit	y to			
12. I agree for my child part of the above s		e a blo	od s	sam	ple	tak	en by a	a trai	ned pe	rson a	ıS			
13. I agree to being inf	formed o	f my c	:hild′	's bl	ood	resi	ults.							
D) CONSENT FORM IF	RESUL	TS N	ОТ	BE]	ING	SE	NT TO	O GP	P, PAR	ENT	OR			
GOARDIAN												Please	e init	ial box
14. This is to clarify the Study team. I do r results.	_											1		
15. I agree to the stud any results that are for the clinical surv	e directly	relev	ant t	o m										
Name of Parent/Guardian (Please print)	Date					Sig	nature							
Name of Research Team Membe	er Date					 Sig	nature							