



Transfer of Prednisolone to Breast Milk and Blood Plasma in Breastfed Infants: A Study with Biobanking of Breast Milk and Blood Plasma

Consent form for participation in the scientific study *Transfer of Prednisolone to Breast Milk and Blood Plasma in Breastfed Infants: A Study with Biobanking of Breast Milk and Blood Plasma*

Consent to participate in the project

I have been given oral and/or written information about the study and have had the opportunity to ask questions. I am permitted to retain the written information.

- I consent to participate in the project *Transfer of Prednisolone to Breast Milk and Blood Plasma in Breastfed Infants: A Study with Biobanking of Breast Milk and Blood Plasma*
- I consent to my samples being stored in a biobank in the manner described in the information to research subjects.

Place and date	Signature
	Print name

Consent to future research

I have been informed that the samples I provide may be used for future research that is not described in the information to research subjects. I have also been informed that, should any future studies wish to use my samples, an ethical review board must review the new project, including the question of whether it is necessary to obtain my consent again.

- I consent to my samples being saved for future research.

Place and date	Signature
	Print name



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Parent or guardian’s consent to the participation of a child in the project

I have been given oral and/or written information about the implications of participation in the study for my child and have had the opportunity to ask questions. I am permitted to retain the written information. Consent is required from all parents/guardians.

- I consent to my child’s participation in the project *Transfer of Prednisolone to Breast Milk and Blood Plasma in Breastfed Infants: A Study with Biobanking of Breast Milk and Blood Plasma*
- I consent to my child’s samples being stored in a biobank in the manner described in the information to research subjects.

Parent/guardian 1

Place and date	Signature
	Print name

Parent/guardian 2

Not applicable (check this box if the child has only one parent/guardian)

Place and date	Signature
	Print name



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Parent or guardian’s consent to future research

I have been informed that the blood sample provided by my child may be used for future research not described in the information to research subjects. I have also been informed that, should any future studies wish to use my child’s blood sample, an ethical review board must review the new project, including the question of whether it is necessary to obtain parental consent again, or the consent of my child. Consent is required from all parents/guardians.

- I consent to my child’s samples being saved for future research.

Parent/guardian 1

Place and date	Signature
	Print name

Parent/guardian 2

- Not applicable (check this box if the child has only one parent/guardian)

Place and date	Signature
	Print name