**Comparison of early versus late initiation of trophic feeding in preterm infants on duration of stay in high dependency unit.**

*Informed Consent*

Patient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby, authorize doctor to include my child in this study. My doctor has explained to me the procedure of collection of data in detail and I fully understand that I have no binding or compulsion for my child to be part of this study and have freedom to refuse from being part of this sample. I understand the risk and benefits of the research project and I am satisfied for my child being part of the study. I understand the my personal data is protected and shall be anonymized.

I have read this form and I am satisfied.

Signature of patient: \_\_\_\_\_\_\_\_\_\_\_

Signature of doctor: \_\_\_\_\_\_\_\_\_\_\_