



INFORMED CONSENT OF CIRCA DIEM

Title	<u>C</u> ognitive <u>I</u> mprovement by Early Restoration of <u>CirCAD</u> ian Rhythms in Very Preterm <u>I</u> nfants through <u>E</u> nvironmental <u>M</u> odification
Short Title	The CIRCA DIEM Study
Protocol Number	CDv1.0 5/4/2018
Project Sponsor	Curtin University Clinical Trials and Data Management Centre
Coordinating Principal Investigator	Associate Professor Jane Pillow
Principal Investigator(s)	Professor Karen Simmer Professor Rod Hunt Doctor Peter Mark Doctor Alice Burnett Doctor Alicia Spittle Professor Andrew Whitehouse
Location	[recruiting site]

Declaration by Parent/Guardian

I have read the Participant Information Sheet.

I understand the purpose, procedures, and risks, of the CIRCA DIEM study, as described in the participant information sheet.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I agree to myself and my child participating in this research project. I understand that I am free to withdraw myself and my child at any time during the research project, and upon withdrawal, can request that all collected data be discarded. Withdrawing from this study will not affect my, or my child's, future health care.

I agree that research data gathered from the results of this study may be published, however neither myself nor my child will be identified in any published material. I agree to the storage of

data taken from myself and my child for the use in future research that is closely related to this research project.

I understand that I will be given a signed copy of this document to keep.

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Name of Child:

Name of Parent/Guardian:

Signature of Parent/Guardian:

Date

Declaration by Study Investigator

I have given a verbal explanation of the research project; its procedures and risks and I believe that the parent/guardian has understood that explanation.

Name of Recruiting Investigator:

Signature of Recruiting Investigator:

Date
