



Title An Investigation of Antibiotics and Antifungals
Pharmacokinetics on Extracorporeal Therapies

Protocol Number HREC/20/QCHQ/62592

**Coordinating Principal Investigator/
Principal Investigator** Michele Cree

Declaration by Parent/Guardian

I have read the Parent/Guardian Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

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

I freely agree to my child participating in this research project as described and understand that I am free to withdraw them at any time during the research project without affecting their future health care.

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

Name of Child (please print) _____
Name of Parent/Guardian (please print) _____
Signature of Parent/Guardian _____ Date _____

Under certain circumstances (see Note for Guidance on Good Clinical Practice CPMP/ICH/135/95 at 4.8.9) a witness to informed consent is required*

Name of Witness* to Parent/Guardian's Signature (please print) _____
Signature _____ Date _____

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

Declaration by Study Doctor/Senior Researcher

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 Study Doctor/ Senior Researcher [†] (please print) _____
Signature _____ Date _____