

## Global Assessment of Spontaneous Pneumothorax: Outcomes and Treatment

# GASPOUT



**An international prospective cohort study on spontaneous pneumothorax**

	<b>Statement (please read)</b>	<b>Parent/ Guardian (initial)</b>
1	I have read/ had read to me of the Patient Information Sheet for the above study (dated <u>DD/MM/YYYY</u> , version <u>    </u> ) and have had the opportunity to consider the information and ask questions.	
2	I understand that my child's participation in this study is voluntary and that I may withdraw them at any time without giving a reason. I understand that opting out won't affect my child's future medical care or legal rights.	
3	I give permission for researchers to look at my child's medical records to get information about their care, and to contact me as part of this research study.	
4	I give informed explicit consent to have my child's data processed as part of this research study. I am happy for information about my child related to the study being stored on password protected computer systems at your hospital and in a secure, password-protected, web-based electronic data capture system (REDCap) at Azienda Ospedaliera Universitaria Integrata (AOUI) Verona in Italy. This will be backed up in a separate location to keep my child's information safe.	
5	I consent for my child to take part in this research study having been fully informed of the risks, benefits and alternatives.	
<b>Name of child:</b>		<b>Name of Principal Investigator/ nominee taking consent:</b>
<b>Name of Parent/ Guardian:</b>		I, the undersigned, have taken the time to fully explain to the above parent/guardian the nature and purpose of this study in a way that they could understand. I
<b>Relationship of Parent / Guardian to child:</b>		

	have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.
<b>Signature (or thumb print) of Parent / Guardian:</b>	<b>Signature of researcher:</b>
<b>Signature (or thumb print) of Child (if applicable):</b>	
<b>Date form signed (or thumb printed) by Parent/ Guardian:</b> DD / MM / YYYY	<b>Date form signed by researcher:</b> DD / MM / YYYY