

Consent to participate in the SAVE Study

(Sustained cord circulation And VEntilation)

For more detailed information, please refer to the study information sheet.

Date:

Name of mother:

Mother's national registration number:

I have received oral and written information regarding the SAVE study, and I have been given the opportunity to ask questions. I am permitted to retain the written information. My participation in the study and that of my child is voluntary, and I may terminate my participation and that of my child at any time, and without any further explanation.

- I consent to my child taking part in the above-mentioned study (SAVE Study)
- I consent to letting information about me and my child be used for research as I have been informed, and that prior to processing, information may be obtained from the maternal health chart and the delivery chart.

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Signature

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Signature

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Name in printed letters

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Name in printed letters



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- We do not want to be contacted by email

If you have questions, please contact us:

Pernilla Lundgren
Midwife
Delivery Ward
0771-111 888

Ola Andersson
(Research Director, SAVE Study
Senior Physician, Neonatal Ward
040-33 10 53

Gisela Rickle
(Research Director, SAVE Study)
Senior Physician, Delivery Ward
040-33 28 96

This consent has been obtained by:

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Signature

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Name in printed letters

Skåne University Hospital in Malmö