

# 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.

.....  
Signature (mother)

.....  
Signature (partner)

.....  
Name in printed letters

.....  
Name in printed letters

No partner



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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:

.....  
Signature

.....  
Name in printed letters

Skåne University Hospital in Malmö