

## INFORMED CONSENT PARENTS

### *Neonatal reference values for thyroid hormones*

I read and understood the information in the information letter for participants. I was able to ask additional questions. Any questions that I have asked, have been answered to my satisfaction. I have had enough time to decide whether I want my child to participate.

I know that participation is voluntary. I also know that I can decide at any time that I do not want my child to participate after all. I do not need to give a reason for this decision.

I give permission for my child's general practitioner to be informed about my child's participation in this study.

I know my child's data will be stored for 15 years.

I know my child's data may be inspected by representatives from the AMC and representatives from the Health Care Inspectorate (IGZ: Inspectie voor de Gezondheidszorg), to check if the study is being carried out correctly.

I agree to store the blood specifically collected for this study (venous blood only) during the study. It will be destroyed after the study ends. The blood taken for the neonatal heel prick screening will be stored according to the policy of the National Institute for Public Health and Environment (RIVM: Rijksinstituut voor Volksgezondheid en Milieu).

I give investigators permission to collect my child's results from the neonatal heel prick screening for congenital hypothyroidism and to collect the remaining blood from the heel prick for further analyses in this study.

I give investigators permission to use my child's data for the purposes named in the information letter.

I give investigators permission to use my child's data for other research questions related to the current study protocol.

I agree to be informed if there are unexpected abnormal findings in the blood test.

I agree to my child's participation in this study.

Name participant .....

Name parent/guardian (1) .....

Relationship with participant .....

Signature .....

Name parent/guardian (2) .....

Relationship with participant .....

Signature .....

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I hereby declare that I have fully informed the parents of this participant about this study. If during the study information arises which may influence the participants permission, I will inform his or her parents timely.

Name researcher .....

Signature ..... Date .....