

C1: Consent Form participation child in the NOGBS study

Name of child: _____ Date of Birth: __ / __ / __

Address: _____ Place of Birth: _____

- I have read this information form. I was also able to ask questions. My questions have been answered to my satisfaction. I had enough time to decide whether I wish my child to participate.
- I agree to my child's participation in this study.
- I know that participation is voluntary. I also know that I can decide at any time that I do not wish my child to participate after all. I do not need to give a reason for this decision
- I know that some people can access my child's data for the purpose of monitoring the study. These people are listed in this information sheet. I give permission for these people to access my child's data.
- I give permission for my child's specialist to be informed about my child's participation in this study
- I give permission for information to be requested from my child's GP/treating specialist(s) about the pregnancy, medical history, admission, clinical course and discharge (including discharge letter).
- I consent to the data/blood samples/bodily material being used in the way and for the purpose stated in the information sheet
- I consent to my child's data being stored at the research location for another 15 years after this study.
- I give permission for the request of residual dried bloodspot (heel prick material/pons) to be used in the way and for the purpose as stated in the information sheet.
- I give permission to contact my child in the future for follow-up studies (long term follow up after meningitis or sepsis)
 - ☐ Yes
 - ☐ No
- I give permission to perform genetically analyses anonymous with the blood of my child
 - ☐ Yes
 - ☐ No

Parent name 1:

Signature:

Date: __ / __ / __

Parent name 2:

Signature:

Date: __ / __ / __

I declare that I have fully informed the above-mentioned person(s) about the study referred to.
If information becomes available during the study that could affect the parent's or guardian's consent, I will notify him/her about this in good time.

Name of investigator (or his/her representative):

Signature:

Date: __ / __ / __

C2: Consent Form for storage data and bodily material of child in Biobank

Name child: _____ Date of Birth: __ / __ / __

Address: _____ Place of Birth: _____

- I have read this information form. I was also able to ask questions. My questions have been answered to my satisfaction. I had enough time to decide whether I wish my child to participate.
- I know that participation is voluntary. I also know that I can decide at any time that I do not wish my child to participate after all. I do not need to give a reason for this decision
- I know that some people can access my child's data. These people are listed in this information sheet.
- I give permission for my child's specialist to be informed about my child's participation in this study
- I give permission for information to be requested from my child's GP/treating specialist(s) about the pregnancy, medical history, admission, clinical course and discharge.
- I consent to my child's data and bodily material being stored in encoded form without stating my child's name or other personal data that could directly identify my child in the MeninGene Biobank, for the purpose of research into severe infectious diseases.
- I consent to my child's encoded research data being stored for another 50 years after this study. It may be used for research in the future as stated in the information sheet
- I know that there is a possibility that during future scientific research findings of importance, indicating a serious health problem or health risk for which treatment is available, could be discovered. If so, I/my child or the specialist treating my child will be informed.
- I give permission, if necessary, to contact the Municipal Administration Department (Gemeentelijke Basis Administratie) to avoid making mistakes in approaching the right persons.
- I give permission to share the collected data and bodily material of my child with other research groups. ☐ yes
☐ no
- The residual dried blood spot (heel prick) material will only be shared with studies when approved by the Medical Research Ethics Committee.
- I give permission for research with the data and material by institutions from abroad .
☐ yes
☐ no
- I give permission for research with the data and material by commercial companies.
☐ yes
☐ no

Parent name 1:

Signature:

Date: __ / __ / __

Parent name 2:

Signature:

Date: __ / __ / __

I declare that I have fully informed the above-mentioned person(s) about the study referred to.

If information becomes available during the study that could affect the parent's or guardian's consent, I will notify him/her about this in good time.

Name of investigator (or his/her representative):

Signature:

Date: __ / __ / __

C3: Consent Form for participation mother in NOGBS study

- I have read the subject information form. I was also able to ask questions. My questions have been answered to my satisfaction. I had enough time to decide whether to participate.
- I want to participate in this study.
- I know that participation is voluntary. I know that I may decide at any time not to participate after all or to withdraw from the study. I do not need to give a reason for this.
- I give permission for my (child's) treating specialist to be informed about my participation in this study and to request results of previous collected cultures.
- I give permission for information to be requested from my GP/treating specialist(s)/midwife about my previous and current pregnancy and its outcome.
- I give permission to obtain residual blood material of my pregnancy
- I know that some people can access my data. These people are listed in this information sheet.
- I consent to my data/blood samples being used in the way and for the purpose stated in the information sheet.
- I consent to my data being stored at the research location for another 15 years after this study.

Name mother:

Date of birth: __ / __ / __

Signature:

Date: __ / __ / __

I hereby declare that I have fully informed this study subject about this study.

If information comes to light during the course of the study that could affect the study subject's consent, I will inform him/her of this in a timely fashion.

Name of investigator (or his/her representative):

Signature:

Date: __ / __ / __

C4: Consent Form for storage data and bodily material mother in Biobank

- I have read the subject information form. I was also able to ask questions. My questions have been answered to my satisfaction. I had enough time to decide whether to participate.
- I know that participation is voluntary. I know that I may decide at any time not to participate after all or to withdraw from the study. I do not need to give a reason for this.
- I know that some people can access my child's data. These people are listed in this information sheet.
- I consent to my data and bodily material being stored in encoded form without stating my name or other personal data that could directly identify me in the MeninGene Biobank.
- I consent to my encoded research data being stored for another 50 years after this study. It may be used for research in the future into severe infectious diseases.
- I know that there is a possibility that during future scientific research findings of importance, indicating a serious health problem or health risk for which treatment is available, could be discovered. If so, I or the my treating specialist will be informed.
- I give permission to share my collected data and bodily material with other research groups.
 - ☐ yes
 - ☐ no
- I give permission for research with the data and material by institutions from abroad .
 - ☐ yes
 - ☐ no
- I give permission for research with my data and material by commercial companies.
 - ☐ yes
 - ☐ no

Name mother:

Date of birth: __ / __ / __

Signature:

Date: __ / __ / __

I hereby declare that I have fully informed this study subject about this study.

If information comes to light during the course of the study that could affect the study subject's consent, I will inform him/her of this in a timely fashion.

Name of investigator (or his/her representative):

Signature:

Date: __ / __ / __