

Consent form

To be retained at maternity clinic concerned



Study: **VASSEU1**

I have received information both orally and in writing on the VASSEU1 study on screening for congenital diseases in newborns.

In consenting to my child's participation in this study, I agree to the anonymous use, after this study, of a blood spot sample that will be taken from my child, in studies concerning the incidence and screening of congenital diseases.

For any study where the sample could be connected with the personal details of my child, separate permission is to be requested from me or the child's then legal guardian, and also from our child if he/she is then over 12 years old.

I am aware that participation is voluntary.

I consent to my child's participation (Suostun)

I do not consent to my child's participation (En suostu)

Estimated date of birth: ___/___/_____

Mother's social security number: _____ - _____

Place: _____ Date: ___/___/_____

Signature: _____

Clarification of signature: _____

Person receiving consent and clarification of signature