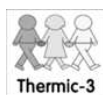


IRAS ID: 211278

Mr Serban Stoica
 Bristol Royal Hospital for Children
 Upper Maudlin Street
 Bristol
 BS2 8BJ



Patient Study ID

NHS
 University Hospitals Bristol
 NHS Foundation Trust

Thermic-3 Patient Assent Form (11-15 years)

Please read this form carefully and write your initials in the boxes, by the things you are happy with.

**Patient
to initial**

1. I have looked at the information given to me about the Thermic-3 study (MMI: dated ___/___/___, version ____, PIL: dated ___/___/___, version ____).
2. I understand the study. I have had the chance to think about the information, ask questions and I am happy with the answers I have been given.
3. I have received enough information about the study.
4. I understand that I can change my mind about taking part in the study at any time without giving a reason and that changing my mind will not affect how I am looked after.
5. I agree to blood and urine samples being taken.
6. I agree to take part in this study.

Optional Section

If you do not agree with Question 7, you can still take part in the study

7. I agree to surplus heart samples being collected for this study, instead of being destroyed.

 Name of parent

 Name of patient

 Signature

 Date

 Name of person taking consent

 Signature

 Date

1 copy for parent/guardian; 1 for research team (original); 1 to be kept with hospital notes