Year 5

FORM OF CONSENT - RAINE STUDY

I,_____have read the Parent Information Sheet explaining the five year old follow up. Any questions asked have been answered to my satisfaction.

Withdrawal from the study at any stage will be possible and will not interfere with access to routine care.

I agree that the research data gathered from the results of this study may be published, provided that names are not used.

I agree to my son/daughter_____participating in the following parts of

the study (please circle as appropriate):

- Clinical examination	yes	no
- Hearing screening test	yes	no
- Lung function testing	yes	no
- Methacholine challenge test	yes	no
- Allergy skin tests	yes	no
- Allergy blood tests	yes	no
- Blood sample to be stores and used for genetic analysis. (Any DNA collected will be used for no purpose other than investigating the genetics of childhood disease in the context of the Raine Study.)	yes	no

Dated_____day of _____199__

Signed_____(Parent/Guardian)

I,_____ have explained the above study to the signatory who

states that he/she understand the same.

Signed_____ (Investigator)