



**Name of Local Researcher:**

*Professor Christopher Butler, Dean of Research and Head of Department, Department of Primary Care & Public Health, Cardiff University, 3<sup>rd</sup> Floor, Neuadd Meirionydd, Heath Park, Cardiff, CF14 4XN.*

# CONSENT TO CONTACT FORM

## DUTY: The Diagnosis of Urinary Tract Infection (UTI) in Young Children Study

I agree that my contact details as given below can be given (in person or by telephone or secure fax) to the researchers carrying out the DUTY study. This will enable them to contact me and arrange a time/place to explain the study in more detail so that I can then decide whether or not to take part.

**BLOCK CAPITALS PLEASE:**

Name of Child: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_  
(Mr/Mrs/Miss/Ms, Forename, Surname)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Main contact number: \_\_\_\_\_

Alternative contact number: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_