APPENDIX 1: PATIENT CONSENT FORM

SingHealth

PARTICIPANT INFORMATION SHEET AND CONSENT FORM

You are being invited to participate in a research study. Your child's participation in this study is entirely voluntary. Before you agree for your child to take part in this research study, the study must be explained to you and you must be given the chance to ask questions. Your questions will be answered clearly and to your satisfaction. Please read carefully the information provided here. If you agree to participate, please sign the consent form. You will be given a copy of this document.

STUDY INFORMATION

Protocol Title:
Protein Supplementation versus Standard Feeds in Critically Ill Children: A Dual-Centre Randomized Controlled Pilot Trial

Principal Investigator:
Dr. Lee Jan Hau
Children's Intensive Care Unit
KK Women's and Children's Hospital

PURPOSE OF THE RESEARCH STUDY

A large study in many hospitals is needed to test whether not giving additional protein to sick children improves outcomes. Large studies in children are very hard to do but very important. This current study is a pilot trial. This means that it is a smaller study to test whether it is possible to do a larger study. We hope to learn how best to do a larger study. If your child takes part in this study, their data may be included in a larger study in the future.

Your child was selected as a possible participant in this study because he or she is in the Children's Intensive Care Unit (CICU), needs a breathing tube and assistance in feeding. All critically ill children receive nutrition when are in the CICU. However, the best nutrition plan is still not known. We aim to study whether giving more proteins in the feeding will help improve outcomes in these children.

This study targets to recruit 45 participants from KK Women's and Children's Hospital. About 70 participants are expected to take part in this study at two hospitals in Singapore.

STUDY PROCEDURES & YOUR RESPONSIBILITIES IN THIS STUDY

If you agree for your child to take part in this study, your child will be given feeding with or without additional protein for up to 7 days. Your child's participation in the study will last up to 6 months from the time of discharge from the hospital.

Your child will be given the allocated nutrition for about 7 days, have some tests [for example, muscle ultrasound and strength assessment (Table 1)] performed during his or her stay in the CICU and be followed up for 6 months. After discharge, your child will need to visit the doctor's office once in the course of the study.

In addition, some health information will be collected from your child's medical records. The information include the basic demographic data, the clinical data as part of routine clinical monitoring of any critically ill child on enteral nutrition, intensive care support data, clinical outcome and etc.

Table 1: Study Assessments

Assessments	Baseline	CICU discharge	Hospital discharge	6 months
Body measurements - Examples: Height, weight, mid arm circumference	✓		✓	✓
Muscle ultrasound - A scan to measure muscle size	✓	✓	✓	✓
Assessments of daily activities - A series of questions to measure abilities in daily activities, mobility and social abilities	✓	✓	✓	✓
Hand-grip strength test (if > 6 years old) - A simple test to measure general strength by asking your child to squeeze the measuring tool as hard as possible		✓	✓	✓
6-minute walk test (if > 6years old) - A simple test to measure the maximum distance your child can walk in 6 minutes			✓	✓

If you agree for your child to take part in this study, your child will be randomised to receive standard milk feeds or milk feeds with additional protein. Randomisation means assigning your child to one of two groups by chance, like tossing a coin or rolling dice. The study team, your child's doctors, nurses and yourself will know which group your child is in.

If you agree for your child to participate in this study, you should follow the advice and directions given to you by the study team.

WHAT IS NOT STANDARD CARE OR IS EXPERIMENTAL IN THIS STUDY

The study is being conducted because addition of protein is not yet proven to be a standard treatment in sick children in the CICU. We hope that your child's participation will help us to determine whether additional protein is equal or superior to existing feeding practice.

The study will involve the use of randomisation (assignment of which group by chance), which is usually only done for research studies.

Although addition of protein may be part of standard medical care in certain situations, in this study, the addition of protein (if your child is assigned to the protein group) and the follow up tests and assessments (Table 1) are being performed for the purposes of the research and are not part of your child's routine care.

POSSIBLE RISKS, DISCOMFORTS OR INCONVENIENCES

Muscle Ultrasound
Ultrasound scan is safe and non-invasive. However, your child may possibly feel a slight discomfort during the scan from the contact of the ultrasound probe and the gel to the skin surface.

Hand-grip strength test
Your child may possibly feel uncomfortable as he/she has to squeeze the measuring tool as hard as possible.

6-minute walk test
Your child may possibly feel breathlessness or giddiness during the walk.

Assessments of daily activities
Some of the questions might make you/your child feel uncomfortable or upset. You/your child may refuse to answer any of the questions and/or take a break at any time during the study.

Personal privacy and confidentiality:
This study uses health information that may affect your child's privacy. To protect your child's confidentiality, only a unique code number will be used to identify data that we collected from your child.

As there will be a link between the code and your child's identifiable information, there is still a possibility of data breach. A data breach is when someone sees or uses data without permission. If there is a data breach, someone could see or use the data we have about your child. Even without your child's name, there is a chance someone could figure out who is your child. They could misuse your child's data. We believe the chance of this is very small, but it is not zero.

POTENTIAL BENEFITS

There is no assurance that your child will benefit from this study. However, your child's participation may add to the medical knowledge about the use of additional protein in the providing for good nutrition care in sick children in the CICU.

ALTERNATIVE PROCEDURES/ TREATMENTS IF YOU DO NOT PARTICIPATE IN THE STUDY

If you choose not to take part your child in this study, the alternative is to have what is considered standard care for your child's condition. In our institution, this would be feeding ordered and provided by the medical and nursing team. You may discuss the possible risks and benefits of the alternatives with your child's doctor.

COSTS & PAYMENTS IF PARTICIPATING IN THIS STUDY

There is no cost to you for your child participating in this research study.

If you agree for your child to take part in this study, the following will be performed at no charge to you:

1. Muscle ultrasound
2. Assessment of function and physical strength at follow-up visit (i.e. assessment of daily activities, hand-grip strength test, 6-minute walk test)

These costs will be borne by KK Women's and Children's Hospital

The cost of your child's usual medical care (procedures, medications and doctor visits) will continue to be billed to you.

You will be reimbursed for your time, inconvenience and transportation costs as follows:

- If you complete the study, you will receive SGD 50

INCIDENTAL FINDINGS

During the course of the study, there is a possibility that we might unintentionally come to know of new information about your child's health condition from ultrasound that is being performed as part of the study. These are called "incidental findings".

"Incidental findings" are findings that have potential health or reproductive importance to a participant like your child and are discovered in the course of conducting the study, but are unrelated to the purposes, objectives or variables of the study. These findings may cause you and your child to feel anxious and may affect your child's current or future life and/or health insurance coverage. Examples of potential incidental findings that may be discovered during the course of this study may include but are not limited to muscle abnormalities or growths. You will be asked to indicate whether you wish to be re-identified and notified in the event of an important incidental finding that is related to you.

If you agree to be re-identified and notified, your study doctor/ a qualified healthcare professional will explain the incidental finding to you and discuss and advise you on the next steps to follow. You may wish to do more tests and seek advice to confirm this incidental finding. The costs for any care that will be needed to diagnose or treat an incidental finding would not be paid for by this research study. These costs would be your responsibility.

If you do not wish to be re-identified and notified, your decision will be respected. However, in exceptional situations such as discovery of life-threatening incidental findings with available treatment options, you will be contacted to confirm your decision whether to learn more about the incidental findings. In rare situations where the incidental findings have public health implications and as required by the law (e.g. under the Infectious Diseases Act), you will be contacted and informed of the incidental findings.

PARTICIPANT'S RIGHTS

Your child's participation in this study is entirely voluntary. You have a right to ask questions, which the study team will do their best to answer clearly and to your satisfaction.
In the event of any new information becoming available that may be relevant to your willingness to continue your child in this study, you (or your legal representative, if relevant) will be informed in a timely manner by the Principal Investigator or his/her representative and will be contacted for further consent if required.

WITHDRAWAL FROM STUDY

You are free to withdraw your consent and discontinue your child's participation in the study at any time, without your child's medical care being affected. If you decide to stop your child taking part in this study, you should tell the Principal Investigator.

If you withdraw from the study,

- Your child will continue to receive standard medical care as per the primary team
- Feeding plan will continue as per standard medical plan by the primary team

However, any of your child's data that has been collected until the time of your withdrawal will be kept and analysed. The reason is to enable a complete and comprehensive evaluation of the study.

Your child's study doctor, the Principal Investigator of this study may stop your child's participation in the study at any time for one or more of the following reasons:

- Failure to follow the instructions of the Principal Investigator and/or study staff.
- The Principal Investigator decides that continuing your child's participation could be harmful to your health or safety.
- Pregnancy
- Your child requires treatment not allowed in the study.
- The study is cancelled.

RESEARCH RELATED INJURY AND COMPENSATION

If you follow the directions of the Principal Investigator of this research study and your child is injured due to the research procedure given under the plan for the research study, our institution will provide you with the appropriate medical treatment.

Payment for management of the normally expected consequences of your child's treatment (i.e. consequences of your treatment which are not caused by your child's participation in the research study) will not be provided.

You still have all your legal rights. Nothing said here about treatment or compensation in any way alters your right to recover damages where you can prove negligence.

CONFIDENTIALITY OF STUDY AND MEDICAL RECORDS

Your child's participation in this study will involve the collection of Personal Data. "Personal Data" means data about your child which makes him/her identifiable (i) from such data or (ii) from that data and other information which an organisation has or likely to have access. Examples of personal data include name, national registration identity card (NRIC), nationality, passport information, date of birth, and telephone number.

Personal Data collected for this study will be kept confidential. Your child's study records and medical records, to the extent required by the applicable laws and regulations, will not be made publicly available. Only the study team will have access to the personal data being collected from your child. In the event of any publication regarding this study, your child's identity will remain confidential.

However, the monitor(s), the auditor(s), the Institutional Review Board, and the regulatory authority(ies) will be granted direct access to your child's original medical records and study records to verify study procedures and data, without making any of your information public.

By signing the Consent Form, you consent to (i) the collection, access to, use and storage of your child's Personal Data by KK Women's and Children's Hospital, and (ii) the disclosure of such Personal Data to our authorised service providers and relevant third parties as mentioned above.

Any information containing your child's Personal Data that is collected for the purposes of this research will be stored in Singapore. To protect your child's identity, his/her Personal Data will be labelled with a unique code number. The code will be used in place of your child's name and other information that directly and easily identifies him/her. The study team will keep a separate file that links your child's code number to his/her Personal Data. This will be kept in a safe place with restricted access.

All data collected in this study are the property of KK Women's and Children's Hospital. The data will be used for the purpose of this pilot study and for the future larger study, if the study teams find that it is feasible to conduct the larger study. For this purpose, consent for future research will be sought from you.

By participating in this research study, you are confirming that you have read, understood and consent to the SingHealth Data Protection Policy, the full version of which is available at www.singhealth.com.sg/pdpa.

WHO HAS REVIEWED THE STUDY

This study has been reviewed by the SingHealth Centralised Institutional Review Board for ethics approval.
If you have questions about your rights as a participant, you can call the SingHealth Centralised Institutional Review Board at 6323 7515 during office hours (8:30 am to 5:30pm).

WHO TO CONTACT IF YOU HAVE QUESTIONS REGARDING THE STUDY

If you have questions about this research study or in the case of any injuries during the course of this study, you may contact:

Principal Investigator
Dr. Lee Jan Hau
Children's Intensive Care Unit, KK Women's and Children's Hospital
+65-63941778
+65-62255554

If you have any feedback about this research study, you may contact the Principal Investigator or the SingHealth Centralised Institutional Review Board.

CONSENT FORM FOR RESEARCH STUDY

Protocol Title:
Protein Supplementation versus Standard Feeds in Critically Ill Children: A Dual-Centre Randomized Controlled Pilot Trial

Principal Investigator:
Dr. Lee Jan Hau
Children's Intensive Care Unit, KK Women's and Children's Hospital

To be completed by participant
(For child who is 13 years old and above, and of normal mental capacity, and when he/she is in stable condition)

I agree to participate in the research study as described and on the terms set out in the Participant Information Sheet.

The nature, risks and benefits of the study have been explained clearly to me and I fully understand them.

I understand the purpose and procedures of this study. I have been given the Participant Information Sheet and the opportunity to discuss and ask questions about this study and am satisfied with the information provided to me.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reasons and without my medical care being affected.

By participating in this research study, I confirm that I have read, understood and consent to the SingHealth Data Protection Policy.

_____	_____	_____
Name of participant	Signature/Thumbprint (Right / Left)	Date of signing

To be completed by parent / legal guardian / legal representative

I agree for _____ (Name of Participant) to participate in the research study as described and on the terms set out in the Participant Information Sheet.

The nature, risks and benefits of the study have been explained clearly to me and I fully understand them.

I understand the purpose and procedures of this study. I have been given the Participant Information Sheet and the opportunity to discuss and ask questions about this study and am satisfied with the information provided to me.

I understand that my child's participation is voluntary and that I am free to withdraw my child at any time, without giving any reasons and without my child's medical care being affected.

By participating in this research study, I confirm that I have read, understood and consent to the SingHealth Data Protection Policy.

Consent to be Re-identified and Notified in the case of an Incidental Finding

There may be potential incidental findings arising from this research. Please indicate whether you consent to re-identification and notification about the incidental finding:

☐ Yes, I wish to be re-identified and notified in the case of an incidental finding from this research. I can be reached by:

Phone/ Email:

☐ In the event that I cannot be reached, please contact the following person nominated by me: [Optional]

Name/ Phone/ Email:

☐ No, I do not wish to be re-identified and notified in the case of an incidental finding from this research. However, I understand that in exceptional or rare situations, I will be contacted as described in the Participant Information Sheet:

- In exceptional situations such as discovery of life-threatening incidental findings with available treatment options, I will be contacted to confirm my decision whether to learn more about the incidental findings.
- In rare situations where the incidental findings have public health implications and as required by the law (e.g. under the Infectious Diseases Act), I will be contacted and informed of the incidental findings.

_____	_____	_____
Name of participant's parent/ legal guardian/ legal representative	Signature/Thumbprint (Right / Left)	Date of signing

To be completed by translator, if required

The study has been explained to the participant/ legal representative in

_____ by _____.
Language Name of translator

To be completed by witness, where applicable

I, the undersigned, certify that:

- I am 21 years of age or older.
- To the best of my knowledge, the participant or the participant's legal representative signing this informed consent form had the study fully explained to him/her in a language understood by him/ her and clearly understands the nature, risks and benefits of the participant's participation in the study.
- I have taken reasonable steps to ascertain the identity of the participant or the participant's legal representative giving the consent.
- I have taken reasonable steps to ascertain that the consent has been given voluntarily without any coercion or intimidation.

Witnessed by: _____ _____
Name of witness Date of signing

_____
Signature of witness

1. An impartial witness (who is 21 years of age or older, has mental capacity, who is independent of the research study, and cannot be unfairly influenced by people involved with the research study) should be present during the entire informed consent discussion if a participant or the participant's legal representative is unable to read, and/or sign and date on the consent form (i.e. using the participant's or legal representative's thumbprint). After the written consent form and any written information to be provided to participant is read and explained to the participant or the participant's legal representative, and after the participant or the participant's legal representative has orally consented to the participant's participation in the study and, if capable of doing so, has signed and personally dated the consent form, the witness should sign and personally date the consent form. This is applicable for Clinical Trials regulated by HSA and Human Biomedical Research under the HBRA.

2. For HBRA studies, the witness may be a member of the team carrying out the research only if a participant or the participant's legal representative is able to read, sign and date on the consent form.

Investigator's Statement

I, the undersigned, certify to the best of my knowledge that the participant/ participant's legal representative signing this consent form had the study fully explained to him/her and clearly understands the nature, risks and benefits of the participant's participation in the study.

_____ _____ _____
Name of Investigator/ Person obtaining consent Signature Date

INFORMATION & CONSENT FORM FOR FUTURE RESEARCH

This is an optional component that is separate from the research study. Your child may still participate in the research study if you say "No" to this. Please ask questions if you do not understand why we are asking for your permission.

In this Consent Form for Future Research, we seek your permission to keep your child's data for future research. The data will be kept in KK Women's and Children's Hospital. Except if you withdraw your consent or there are limits imposed by law, there is no limit on the length of time we will store your data. Researchers will use your child's data for research long into the future.

This is what will be done with your child's stored data:

- We may use the data to answer additional research questions in other research studies. This is outside the scope of the research study but still related to nutrition in critically ill children.
- We may share the data with other researchers at National University Hospital, Singapore and with researchers outside of Singapore (Pediatric Acute & Critical Care Medicine Asian Network.)
- The stored data will be labelled with a code instead of information that directly identifies your child (e.g. name, NRIC, date of birth, etc.). We will keep a separate file (key) that links your child's code to his/her identifiable information.
- When we share your child's data with other researchers, it will be in a coded manner. They will not be able to identify your child from the coded data.
- If you decide at a later time that you do not want your child's data to be used for future research, you can contact the Principal Investigator or study team at any time. All your child's stored data that has not been used or shared with other researchers will be removed and discontinued from further use, unless this information is already included in analyses or used in publications.

CONSENT FORM FOR FUTURE RESEARCH

To be completed by participant
(For child who is 13 years old and above, and of normal mental capacity, and when he/she is in stable condition)

This component is optional. You do not have to agree to it in order to participate in the research study.

Please indicate your choice using the relevant checkbox.

☐ I agree to have my data stored for future use in other research studies.
☐ I do not agree to have my data stored for future use in other research studies.

I understand the purpose and nature of this optional component (storage of data for future use in other research studies). I have been given the Information & Consent Form for Future Research and the opportunity to discuss and ask questions about this optional component and am satisfied with the information provided to me.

I confirm that I have read, understood and consent to the SingHealth Data Protection Policy.

_____	_____	_____
Name of participant	Signature/Thumbprint (Right / Left)	Date of signing

To be completed by parent / legal guardian / legal representative

This component is optional. You do not have to agree to it in order for _____ (Name of Participant) to participate in the research study.

Please indicate your choice using the relevant checkbox.

☐ I agree to have my child's data stored for future use in other research studies.
☐ I do not agree to have my child's data stored for future use in other research studies.

I understand the purpose and nature of this optional component (storage of data for future use in other research studies). I have been given the Information & Consent Form for Future Research and the opportunity to discuss and ask questions about this optional component and am satisfied with the information provided to me.

I confirm that I have read, understood and consent to the SingHealth Data Protection Policy.

_____	_____	_____
Name of participant's parent/ legal guardian/ legal representative	Signature/Thumbprint (Right / Left)	Date of signing

To be completed by translator, if required

The optional component (storage of data for future use in other research studies)has been explained to the participant/ participant's legal representative in

_____ by _____.
Language Name of translator

To be completed by witness, where applicable

I, the undersigned, certify that:

- I am 21 years of age or older.
- To the best of my knowledge, the participant or the participant's legal representative signing this Information & Consent Form for Future Research had the optional component fully explained to him/her in a language understood by him/ her and clearly understands the purpose and the nature of this optional component.
- I have taken reasonable steps to ascertain the identity of the participant or the participant's legal representative signing this Information & Consent Form for Future Research.
- I have taken reasonable steps to ascertain that the participant or the participant's legal representative has not been coerced into giving the consent.

Witnessed by: _____ _____
Name of witness Date of signing

_____
Signature of witness

1. An impartial witness (who is 21 years of age or older, has mental capacity, who is independent of the research study, and cannot be unfairly influenced by people involved with the research study) should be present during the entire informed consent discussion if a participant or the participant's legal representative is unable to read, and/or sign and date on the consent form (i.e. using the participant's or legal representative's thumbprint). After the written consent form and any written information to be provided to participant, is read and explained to the participant or the participant's legal representative, and after the participant or the participant's legal representative has orally consented to the participant's participation in the study and, if capable of doing so, has signed and personally dated the consent form, the witness should sign and personally date the consent form. This is applicable for Clinical Trials regulated by HSA and Human Biomedical Research under the HBRA.

2. For HBRA studies, the witness may be a member of the team carrying out the research only if a participant or the participant's legal representative is able to read, sign and date on the consent form.

Investigator's Statement

I, the undersigned, certify to the best of my knowledge that the participant/ participant's legal representative signing this Information & Consent Form for Future Research had the optional component (storage of data for future use in other research studies) fully explained to him/her and clearly understands the purpose and the nature of this optional component.

_____ _____ _____
Name of Investigator/ Person obtaining consent Signature Date