****PARENTAL PERMISSION FOR INTERVIEW WITH UNMARRIED MINOR – VERBAL & SOCIAL AUTOPSY**

**Study Title:** *<insert your system/study title>*

**Principal Investigator:** *<insert PI name>*

**IRB No.:** *<insert IRB number of study>*

**PI Version Date:** *<insert date of document finalization>*

[*Greeting*]. My name is [*say name*], and I am from the *<insert organization>*  in <insert *province name*> and would like to talk to you about a research study that aims to collect information on causes of death in your community.

Our goal is to increase our knowledge on maternal, newborn, child and adult health and mortality and their causes in your community. This study is planned for the period of *<insert start date>* to *<insert end date>*.

We are asking you for permission for your [*daughter or relative*] to join this study because she [*lost a baby or young child*]. You do not have to give permission for your [*daughter or relative*] to join, it is your choice. There will be no consequences to you or your [*daughter or relative*] if you choose to do so.

If you say yes, I will also ask your [*daughter or relative*] to consent to the interview and give the option to participate or not to participate in the study.

Your [*daughter or relative*] may be uncomfortable answering questions because they remind her of pregnancy loss or the illness and circumstances of death. She does not have to answer all the questions and may stop at any time.

We will keep your [*daughter or relative*]’s information confidential. We will not share your [*daughter or relative*]’s answers with you or anyone outside the study team. The only time we will not keep your child’s answers private is if we learn about possible child abuse. We will report information about child abuse to *<insert Legally Required Gov’t Authority>* as required by law in *<insert your country>*.

Your [*daughter or relative*] will receive no direct benefit from this study. We will use the information from your [*daughter or relative*] to increase our knowledge on maternal, newborn and child mortality and health and causes of death in your community.

We will do our best to keep your [*daughter or relative*]’s information safe by using a special code. When we share your [*daughter or relative*]’s information with other researchers, we will ask them to use the same protections. We try to make sure that everyone who needs to see your [*daughter or relative*]’s information uses it only for this study or other studies approved by the *<insert ethical review board in your country>* in *<insert your country>* and the *<insert partner ethical review board>* at *<insert name of partner organization>* in *<insert country of partner organization>*. But we cannot *guarantee* that it will be kept confidential.

You may end your permission at any time. Information obtained and used before you end your permission will continue to be used for research. If you wish to end your permission allowing your [*daughter or relative*] to participate, let us know.

Do you have any questions? You may ask me now, or contact *<insert PI name*> from *<insert your organization>* about your questions. *<insert His/Her>* contacts are:

*<insert your organization>*

*<insert organization address>*

*<insert city and country>*

Phone: *<insert phone number 1>* | Mobile: *<insert phone number 2>*

*<insert email 1>*| *<insert email 2>*

Will you permit your [*daughter or relative*] to join the study?

Your signature on this form means:

* You have been informed about this study’s purpose, procedures, possible benefits and risks.
* You have been given the chance to ask questions before you sign.
* You have voluntarily agreed to allow your daughter/relative to be in this study.

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Print name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

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Print name of Parent #2 Signature of Parent #2 Date

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Print name of Person Obtaining Signature of Person Obtaining Consent Date

Consent