Vaccinations protect us from germs that make us sick.

The doctors or nurses who vaccinated you must record some key things about your vaccination, for example, the day you were vaccinated and kind of vaccination you got.

Knowing that you were vaccinated is important so a record of this is kept in two places, the first is in your Well Child Tamariki Ora (Plunket) Book, this is like a diary for your family to use while you are a baby. In this book there is one page that is for recording vaccinations, your page might look like this one:
The second place is in the National Immunisation Register, this is like your Well Child Tamariki Ora (Plunket) Book, but it is electronic (on the computer). This electronic record is used by the doctors and nurses who look after you, but other people, like scientists also use these records.

**What is this study about?**

This study will check if your record on the National Immunisation Register is correct. Sometimes when information is recorded, mistakes are made. We want to check if mistakes are being made in the National Immunisation Register. The information in the National Immunisation Register is important because it is used by scientists to answer questions about vaccinations and some illnesses.

**Why am I being asked to be in the study?**

You are being asked to be in the study because as a baby you were immunised.

If you want to talk to someone from the study you can talk to Dr. Anna, and her phone number is 09 923 2130. You can call her any time you have any questions.
What will happen if I agree to take part in this study?

• Your mum, dad or caregiver will take a picture of the ‘immunisations’ page of your Plunket Book and your National Immunisation Registry record so we can compare them.
• Your mum, dad, or the person taking care of you will provide us with the information we need.

Do I have to be in the study?

NO: You can choose if you want to be in this study or not. Also, you can change your mind at any time even if you have started the study. Even if your mum, dad or person taking care of you says YES, you can still say NO. If you decide not to be in the study, no one will be angry with you. All you must do is tell your mom, dad or person taking care of you or your doctor that you don’t want to be in the study any more.

Who do I contact for more information or if I have concerns?

If you, mum or dad or the person taking care of you have any questions, concerns or complaints about the study at any stage, you can contact:

Anna Howe (Principal Investigator) or Hannah Chisholm (Research Assistant)
Phone: 09) 923 2310
Email: plunket-book-study@auckland.ac.nz

If you want to talk to someone who isn’t involved with the study, you can contact an independent health and disability advocate on:

Phone: 0800 555 050
Fax: 0800 2 SUPPORT (0800 2787 7678)
Email: advocacy@hdc.org.nz

You can also contact the health and disability ethics committee (HDEC) that approved this study on:

Phone: 0800 4 ETHICS
Email: hdecs@moh.govt.nz
ASSENT FORM FOR YOUNG PARTICIPANTS

Assent for participants aged 8-14 years old

Study title (lay): The Plunket Book Study

Lead investigator: Dr. Anna Howe

Ethics committee ref.: 19/CEN/51

Contact phone number: 09) 923 2130

Participant's Name: _____________________ Date of Birth: ___________

(Full Name in BLOCK CAPITALS) (Month/Year)

Please circle all you agree with:

Have you read this form (or had it read to you)? Yes/No

Do you understand what this study is about? Yes/No

Have you asked all the questions you want? Yes/No

Are you happy to take part in this research study? Yes/No

If any answers are “no” or you don’t want to take part, don’t sign your name!

If you do want to take part in this study, please write your name and today’s date below.

You will be given a copy of this signed form.
Participant’s Full Name: ___________________________________________

Participant’s Signature for Assent: ___________________________________

Date: ______________________________

Statement of Person Obtaining Informed Assent
I, the undersigned, have fully explained the details of this research study to the participant named above.

Name of Person Conducting Assent Discussion (Print)

______________________________

Signature of Person Conducting Assent Discussion Date