

To the parents

(Hier Stempel oder Logo der Geburtsklinik,  
Arztpraxis oder Hebammenpraxis aufkleben)

## Declaration of Consent

I/We herewith declare to be informed sufficiently about the newborn hearing screening and the data survey and analysis involved.

I/We agree to the examination of the hearing capacity of my/our child by means of otoacoustic emissions or auditory brainstem response.

I/We know about the fact that the test results will be transferred to the centre of the newborn hearing screening at the Hörzentrum Oldenburg. The data will be analyzed and stored there as well.

Only if my/our child's examination reveals a conspicuous result, name and address are stored to coordinate further diagnosis. Data of children who have passed the test will be processed *without* name and address.

The ascertained data will be analyzed scientifically and published as a set of statistics based on the anonymized test results. Data will not be transferred to third parties. All data protection regulations will be kept strictly.

I was/We were informed that the participation at the newborn hearing screening is voluntary.

The participation agreement can be withdrawn at any time. In this case, all personal data will be cleared. To withdraw your agreement, please contact your maternity clinic.

\_\_\_\_\_, the \_\_\_\_\_, \_\_\_\_\_  
place date signature of parent/parents

\_\_\_\_\_, the \_\_\_\_\_, \_\_\_\_\_  
place date obstetrician/midwife/paediatrician