

Consent Form

Please complete in black pen

Hospital name: _____ Participant's Study Number:

Name of Principal Investigator: _____

Please initial
the boxes
below

1. I confirm that I have read and understood the Participant Information Leaflet dated 22 March 2016 (Version 4) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason and without my medical care or legal rights or that of my baby being affected.

3. I understand that relevant sections of the medical records and data collected during the study for my baby and I may be looked at by the study organisers, the research sponsors, or your NHS Trust. I give permission for these individuals to have access to our records where it is relevant to taking part in this research.

4. I agree that personal identifiable information will be collected and stored on the PHOENIX study database for use by the study's coordinating centre team to enable follow-up of myself and my baby and retained as explained in the participant information leaflet.

5. I understand that the information held and maintained by The Health and Social Care Information Centre and other central UK NHS bodies may be used to help contact me or provide information about my health status, and that of my baby. This is on the understanding that all information will be treated confidentially.

6. I agree to my GP being informed of my participation in the study.

7. I agree to take part in the study.

Name of Participant

Name of doctor taking consent

Signature of Participant

Signature of doctor taking consent

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PHOENIX Study Co-ordinating Centre

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