

## PROMISE – Progesterone in Recurrent Miscarriage Study

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### CONSENT FORM

Please initial the boxes below:

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I have read the information sheet for the PROMISE study (version [], dated 14/10/2009) and have had the opportunity to consider the information, ask questions, and have these answered satisfactorily.

I understand that participation in this study is entirely voluntary and that I am free to withdraw at any time, without giving a reason and without my medical care being affected.

I understand that my medical notes will be looked at by members of the research team, and by regulatory bodies auditing research practice.

I consent to taking part in the PROMISE study, which will require me taking the study pessaries vaginally or rectally.

I agree to face-to-face and telephone interviews to gather the outcome data from the study.

I consent to gathering of data from my baby following his/her birth.

I agree to my baby being followed up in the future, and understand this may involve tracing through NHS databases and GP records.

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

Name [name]

Date of Birth [DoB]

Hospital ID [Pt ID]

Address [address]

Signed (participant) [signature]

Date [date]

Signed (research nurse/midwife/doctor) [signature]

Date [date]

Print name (research nurse/midwife/doctor) [signature]

Date [date]

Signed (witness, where appropriate) [signature]

Date [date]