

## **Consent Form**

## Northern & Yorkshire REC Reference: 09/H0903/31 Version 8 – September 2012 ISRCTN98680152

Please complete in black ballpoint pen

## Title of project: A study of an intelligent system to support decision making in the management of labour using the cardiotocograph – the INFANT study.

Chief Investigator: Professor Peter Brocklehurst

- I can confirm that I have read and understand the information sheet (Version 6, dated September 2012) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my/my baby's medical care or legal rights being affected.
- I give permission that sections of my/my baby's medical record can be looked at by responsible individuals involved with the study and transcribed onto the study forms.
- 4. I understand that relevant sections of my/my baby's medical notes and data collected during the study may be looked at by individuals from the Sponsor or Funder, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my/my baby's records.
- I understand that information held by the NHS and records maintained by the NHS Information Centre and the NHS Central Register or national equivalent may be used to provide information about my/my baby's health status.

Name of woman (please PRINT)	Name of person taking consent (please PRINT)
Signature	Signature
DD/MM/YY	DD/MM/YY

## Follow-Up Assessment

I agree to take part in the above study.

6.

In 1 and 2 years time, we would like to find out how some of the babies born to women in this study are getting on. This is part of the same study but you can be in INFANT without being involved in the follow-up. We are hoping to send questionnaires to parents of about 7,000 infants. Please complete this section so we know if you are happy to be sent questionnaires or not.

I would be prepared to be contacted for follow-up questionnaires and understand that information held by the NHS and records maintained by The NHS Information Centre and the NHS Central Register or national equivalent may be used to help contact me and provide information about my health status.

Yes 📃 No 📃	DD/MM/YY	Allocation:	Study number:
Signature			

Please initial box