

MAGPIE TRIAL

Consent Form

I have read the Information Leaflet for the Magpie Trial and have no more questions. **I am willing to take part in this study.** I understand that the treatment can be stopped at any time, if I request it, without this affecting my medical care in any way.

Name:.....



Woman's signature

Date/...../.....

Assent by another person

I have read the Information Leaflet for the Magpie Trial and have no more questions. **I agree that**..... (name of woman) **should take part in the Magpie Trial.** I understand that the treatment can be stopped at any time, if requested, without this affecting her medical care in any way.



Signature of person
giving assent

Date/...../.....

Relationship to woman.....

Woman's verbal consent

The woman named below has read the Information Leaflet, or has been given the information verbally, and has agreed to participate in the Magpie Trial. **She is willing to take part in this study.** She understands that she can stop the treatment at any time, if she requests it, without this affecting her medical care in any way.

Name of woman



Witness' signature
(e.g. doctor or nurse)

Date/...../.....

Thank you