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|  | Interbio logo | Nuffield Department of  Women’s & Reproductive Health,  University of Oxford  Women’s Centre  John Radcliffe Hospital  Oxford OX3 9DU | |

**INTERGROWTH-21st Project**

**INTERCOVID STUDY CONSENT FORM**

Centre Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maternal Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please initial box

|  |  |
| --- | --- |
| 1. I confirm that I have read and understood the information sheet dated 20.4.20 version 3.0 for the above study. I have had the opportunity to consider the information, ask questions and have received satisfactory answers. |  |
| 2. I understand that relevant sections of my and my baby’s medical notes, anonymised ultrasound traces and data collected during the study may be looked at by individuals from the host hospital and the University of Oxford where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records to gather relevant information. |  |
| 3. I understand the purpose of the study, and how my baby and I will be involved. |  |
| 4. I understand and accept that if my baby and I take part in the study I will not gain any direct personal benefit from it. |  |
| 5. I understand that all information collected in the study will be held in confidence and that, if it is presented or published, all my and my baby’s personal details will be removed. |  |
| 6. I confirm that I am consenting for my baby to take part in the above study and I understand that I may withdraw his/her participation at any time and for any reason, without his/her medical care or legal rights being affected. |  |
| 7. I agree that my totally anonymised data, which include ultrasound images, my and my baby’s clinical and laboratory results, and my baby’s measurements, may be shared with academic collaborators around the world including the Bill & Melinda Gates Foundation and commercial companies. |  |
| 8. I agree to take part in this study. |  |
| 9. If I withdraw from the study, I agree that stored data already collected will be kept. |  |

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Name of mother Signature Date

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Name of person taking consent Signature Date