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DECLARATION by participant: Please tick (√) and provide your initials

1. I have read the leaflet and I understand the contents.  Yes [ ] No [ ] initials [ ]

2. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.  Yes [ ] No [ ] initials [ ]

3. I fully understand that my participation is completely voluntary and that I am free to withdraw from the study at any time (prior to anonymisation/publication) without giving a reason and that this will not affect my care in any way.  Yes [ ] No [ ] initials [ ]

4. I agree that my Rotunda maternity records will be accessed by the research team for the purpose of this research only.  Yes [ ] No [ ] initials [ ]

5. I understand that information from this research will be published but that I will not be identified as a participant in this research in any publication.  Yes [ ] No [ ] initials [ ]

One copy of this form must be retained by the participant and one copy must be retained by the researcher.
6. I understand that I will not be identified as a participant in this study (unless a legal requirement) and that the researchers may hold my personal information for 5 years after the study has been completed.  

Yes [ ] No [ ] initials [ ]

7. I understand that blood samples will be collected and stored for a period of up to 2 years. After this time they will be processed and destroyed.

Yes [ ] No [ ] initials [ ]

8. I understand that the researchers undertaking this study will hold in confidence and securely all collected data and other relevant information.

Yes [ ] No [ ] initials [ ]

9. I freely and voluntarily consent to participating in the research study.

Yes [ ] No [ ] initials [ ]

PARTICIPANT’S NAME:..............................................................................................................................

Contact Address:...........................................................................................................................................

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Phone number:.........................................Email:..........................................................

Participant’s signature:.................................................................Date:..............................

Name of person taking consent:.............................Signature:...............Date:......................

Researcher:................................................Signature:........................................Date:......................