MATERNAL CONSENT FORM

The HANDLE Study**: H**aemodynamic **A**ssessment i**N** pregnancy an**D** neonata**L E**chocardiography assessment. A study identifying Abnormal Haemodynamic Profiles in Pregnancy as a Predictor of Adverse Obstetric Outcome and Characterisation of Neonatal Myocardial Performance in Infants.

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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:……

……

Phone number:……Email:……

Participant's signature:……Date:…….

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

Researcher:……Signature:……..Date:…….

One copy of this form must be retained by the participant and one copy must be retained by the researcher