

Study Number:

Patient Identification:

Number for this study:

CONSENT FORM:

Influenza A/H1N1v in pregnancy: An investigation of the characteristics and management of affected women and the relationship to pregnancy outcomes for mother and infant.

Name of Researcher: Prof. Simon Thomas

Please
initial box

1. I confirm that I have read and understand the information sheet dated.....
(version.....) for the above study. I have had the opportunity to consider the
information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any
time without giving any reason, without my medical care or legal rights being affected.

3. I understand that relevant sections of my medical notes and data collected during the
study may be looked at by individuals 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 records.

4. I agree to my GP and/or midwife being informed of my participation in the study,
and giving information about me and my pregnancy.

5. I would like to hear about the results of the research when it has been completed

PLEASE TURN OVER

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The Newcastle upon Tyne Hospitals **NHS**
NHS Foundation Trust

CONSENT FORM (Continued):

Influenza A/H1N1v in pregnancy: An investigation of the characteristics and management of affected women and the relationship to pregnancy outcomes for mother and infant.

6. EITHER

I do not wish to take part in the study
(Please initial this box and return the form if you do not wish to take part as this will stop us from sending you a reminder)

OR

I agree to take part in the above study.
(Please also answer the questions below)

Name of Participant

Date

Signature

Further questions for consenting participants

Please tick as appropriate

Yes

No

7. I am happy for my details to be held on the UKTIS database for the purpose of ongoing surveillance of the effects of drug and chemical exposure in pregnancy

8. I am happy to be contacted about future research projects about swine 'flu during pregnancy

9. I am happy for the research team to contact me by telephone.

My number is: _____

When completed, please return in the FREEPOST envelope provided or via FREEPOST (no stamp is required)
to: UK Teratology Information Service, Regional Drug & Therapeutics Centre, FREEPOST NEA1573,
Newcastle upon Tyne. NE2 1BR. Fax: 0191 260 6193