



CONSENT FORM: 5 Year Follow up Survey.

Research title:

**Maternal health And Maternal Morbidity in Ireland (MAMMI) study
 5-year follow-up study**

Researcher: Tel: 087 1186762. E-Mail: mammistudy@tcd.ie

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

1. I have read the information leaflet for this research study 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 publication) without giving a reason. Yes [] No [] initials []
4. 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 []

STORAGE AND FUTURE USE OF INFORMATION

5. I understand that the researchers undertaking this research will hold in confidence and securely all collected data and other relevant information. Yes [] No [] initials []
6. I agree that information obtained from me in this research which has been coded so as not to identify me may be stored and used for the purpose of future research which will have obtained Research Ethics Committee approval *without the need for further consent from myself.* Yes [] No [] initials []
7. I understand that my personal details (name and address and other identifying information that links my identity to the study data) will be destroyed when this study is completed *unless* I have agreed to its retention after that date. Yes [] No [] initials []
8. I consent to my personal details being retained for a further period of 5 years after this study has been completed and used to invite me to participate in future research in accordance with this consent. Yes [] No [] initials []

FUTURE CONTACT

9. I understand that I may be contacted by a member of the research team and requested to participate in interviews on one or more topics covered by this research and I consent to this. Yes [] No [] initials []
10. I consent to being contacted in the future regarding participation in *research relating to the topics covered by this research* which will have Research Ethics Committee approval. Yes [] No [] initials []
11. I consent to being contacted in the future regarding participation in *research unrelated to the topics covered by this research* which will have Research Ethics Committee approval. Yes [] No [] initials []

SHARING DATA WITH OTHER RESEARCHERS

12. I understand that information obtained from me in this research, which has had *all my personally identifiable information removed* so that I may not be identified as a participant in this research, may be shared with other researchers as outlined in the Participant Information Leaflet Yes [] No [] initials []
13. I freely and voluntarily consent to participating in this research study having been fully informed of the risks, benefits and alternatives. Yes [] No [] initials []
14. I give informed explicit consent to have my data processed as part of this research study. Yes [] No [] initials []

Please PRINT your details in CAPITAL LETTERS

PARTICIPANT'S NAME:

Contact Address:

Phone number:

Participant's signature: **Date:**

E-mail:

Researcher's signature: **Date:**

One copy of this form must be retained by the Participant and one copy must be retained by the Researcher