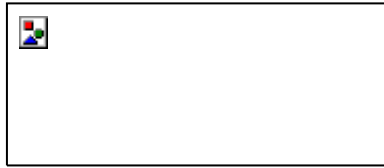


CONSENT FORM (SHAPES Study)



Study of how adiposity in pregnancy has an effect on outcomes s

Chief Investigator: Nicola Heslehurst

Please initial box

- 1. I confirm that I have read the information sheet dated 08/02/2022 (version 2.0) 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 this study may be looked at by individuals from the Newcastle upon Tyne Hospitals NHS Foundation Trust or relevant regulatory bodies where relevant to my taking part in this research (for example, for the purpose of audit of this research project). I give permission for these individuals to have access to my records.
- 4. I agree for my information, gathered for this study, to be stored on a secure database for analysis on a Newcastle University server anonymously.
- 5. I agree to take part in the above study.

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature

Please tick the relevant box and provide contact details below if you would like to:

- a) take part in the prize draw
- b) receive a summary of results for the SHAPES study

e-mail: _____ Telephone number: _____

Address: _____

CONSENT FORM (Optional Extras)



Study of how adiposity in pregnancy has an effect on outcomes

Chief Investigator: Nicola Heslehurst

SHAPES Study Interviews:

Please initial box

- A. I agree that my contact details can be shared with the research team at Newcastle University so they can contact me at a later date about the SHAPES Interview Study. I understand that this agreement is not consent to take part in the interview study, and that I might not be contacted.

Future research about long-term health and well-being of women and their children:

- B. I agree to the research team storing my NHS number, name and date of birth linked to my SHAPES research ID number.

- C. I agree to the research team storing my baby's NHS number and date of birth linked to my SHAPES research ID number.

- D. I understand that these data are being stored so that the SHAPES study data can be linked with routine databases in the future to explore long-term health and well-being of women and children. I understand that these data will be held securely on a Newcastle University server in line with current data protection regulations, and that the data will not be shared with anyone else or used for any other purposes than described here. I understand that future studies will need to have the appropriate research approvals in place before the research team can access this data.

- E. 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.

Name of participant

Date

Signature

Name of person taking consent

Date

Signature

If you have consented to the optional extra A, please provide your contact details below:

e-mail: _____ Telephone number: _____

Address: _____