**CONSENT FORM**

**The Supporting MumS (SMS) study**

**Screening Number: \_\_ \_\_ \_\_ \_\_ \_\_ Participant ID number: \_\_ \_\_ \_\_ \_\_ \_\_**

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|  |  | Please **initial** box |
| 1. | I confirm that I have read and understood the Participant Information Sheet dated 05/04/2022 (Version 4.0) and privacy notice dated 30/11/2021 (Version 1.0) for the above study and have been given copies to keep. |  |
| 2. | I have had the opportunity to consider the information, ask questions and have had these answered to my satisfaction. |  |
| 3. | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected. |  |
| 4. | I understand that information collected about me for the study (including personally identifiable information) may be looked at by responsible individuals in the study team and regulatory authorities supervising the study. |  |
| 5. | I understand that all information collected about me during the course of the research will be kept strictly confidential and processed in compliance with data protection legislation. |  |
| 6. | I understand that some of the data collected about me will be processed by third parties (known as data processors), such as software and transcription companies, and that contractual terms, policies and procedures will be put in place to ensure confidentiality is respected. |  |
| 7. | I give permission for my GP to be informed of any concerning medical issues detected during study visits.  |  |
| 8. | I am aware of the potential risks and benefits of this research study, as described in the Participant Information Sheet and discussed with the researcher. |  |
| 9. | I understand that I will not be identifiable in any published report using data from this study. |  |
| 10. | I agree to my contact details being kept so I can be informed of the study findings. |  |
| **11.** | **I consent to take part in the above study.** |  |
|  | **OPTIONAL ELEMENTS (please initial box if you consent)** |  |
| 12. | I am willing to be contacted to take part in two short (20-30 minute) telephone interviews during the study to provide feedback to the research team. |  |
| 13. | I am willing to be contacted in the future about a follow-up to this study. |  |
| 14. | I consent to be contacted by the University about future research studies related to diet or lifestyle and health for which I may be eligible. |  |
| 15. | I consent to my personal health information, including my NHS number and date of birth, being released to organisations that hold routine health-related data so they can locate information about me that is held in their database. |  |
| 16. | I consent to organisations holding my routine health-related data performing data linkage and releasing the information about me from its databases to the SMS Study research team.  |  |

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| Name of Participant (Block capitals) | Signature |  Date |
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**To be completed by the Principal Investigator or nominee**

**I, the undersigned, have taken the time to fully explain to the above patient the nature and purpose of the study in a way that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.**

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| Name of Researcher (Block capitals) | Signature | Date |
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| Researchers’ Name, Address, Email address, Telephone (site specific) | Dr Dunla GallagherSMS Trial ManagerCentre for Public Health, Queen's University BelfastSchool of Medicine, Dentistry & Biomedical SciencesInstitute of Clinical Sciences (Block B)Grosvenor Road, Belfast, N.Ireland, BT12 6BATel: 07341 888415Email: d.gallagher@qub.ac.uk |