



The National Maternity Hospital

Founded in 1894

STANDARD INFORMED CONSENT FOR PATIENT TO GIVE THEIR CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

Lay title

Principal investigator(s)

Brief outline of the project incl. benefits, possible risks, inconveniences and discomforts

I (Patient's name) _____

voluntarily consent to taking part in this project which was explained to me by
Mr / Ms / Dr _____

I have received a Patient information sheet to keep and I fully understand the purpose, extent and possible effects of my involvement. I have been asked if I would like to have a family member or friend present while this project was explained to me.

I understand that if I refuse to consent, or withdraw myself from the study at any time without explanation, this will not affect my access to the best available treatment and care from the National Maternity Hospital.

I understand I will receive a copy of this consent form.

Patient's signature _____ Date _____

Witness (not a project investigator) _____ Date _____

Witness signature _____ Date _____

Researcher's signature _____ Date _____