

Participant's name: _____

Project title: IMPACT

Participant's civic reg. no.: _____

Responsible: _____

Participant's study ID: _____

Contact tel.: _____

CONSENT

If you have read the information sheet and wish to take part in the IMPACT study, please answer the following questions and then sign this form.

1. I have read the information sheet about the study and have received a copy to retain. The information I have received has been fully comprehensible and I have had the opportunity to ask questions. Yes
2. I understand that participation in the study is voluntary and that I am free to terminate my participation at any time without this affecting my medical treatment. Yes
3. I consent to donate blood as part of this study. Yes
4. I grant the study personnel permission to obtain information about me and my pregnancy in the pregnancy register. Likewise, I grant them permission to view my pregnancy and childbirth journal as well as my the child's journal in respect of the pregnancy and delivery. I have been assured that the information about me and my child will be treated confidentially. Yes
5. I give permission for my blood as well as any information that has been gathered to be available for future research, with the aim of being able to predict complications in mothers and children in conjunction with pregnancy and childbirth. I also give permission for the outcome of the pregnancy to be linked to future health data in the national health registers. This is on the condition that the approval of the research ethics committee has been obtained. Yes

Signature, participant: _____

Date: _____

Signature, information provider: _____

Date: _____

Name in block capitals, information provider: _____

If this form has been signed following the inclusion of information from an interpreter, the following section must also be completed:

Declaration by interpreter

I (*name*) declare that:

- I assisted the investigator (*name*) to explain the information in this document to (*name of participant*) using the language medium of.....
- We encouraged her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all her question satisfactorily answered.

Signed at (*place*) on (*date*)

.....

Signature of interpreter

.....

Signature of witness