

Consent Form for Participants Able to Give Consent

Centre name (if applicable):

Study Protocol number:

Full Title of Project: Sono-breech study

Name of Principal Investigator: Professor Christoph Lees and Dr Amar Bhide

Please initial box

1. I confirm that I have read and understand the participant information sheet version dated for the Sono-breech study and have had the opportunity to ask questions which have been answered fully.	
2. I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my legal rights nor treatment / healthcare being affected.	
3. I understand that sections of any of my medical notes may be looked at by responsible individuals from Imperial College London, Cardiff University, from NHS Trust or from regulatory authorities where it is relevant to my taking part in this research.	
4. I give consent for information collected about me to be used to support other research or in the development of a new test, medication, medical device or treatment by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).	
5. I understand that data collected from me are a gift donated to Imperial College and that I will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication treatment, product or service.	
6. I give consent to being contacted about the possibility to take part in further interviews and surveys linked to this study. You can choose this option even if you do not wish to participate in the ultrasound scan part of the study.	

7. I consent to take part in the ultrasound scan part of the Sono-breech study.	
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Name of participant:

Participant email address:

Participant telephone number:

Name of person taking consent:

Consent

Page 1

This is a copy of your consent form for the Sono-Breech study

Please read each statement carefully. If you agree with the statement, please click on the YES box.

- | | | |
|---|--|---|
| 1 | 1. I confirm that I have read and understand the participant information sheet version dated for the Sono-breech study and have had the opportunity to ask questions which have been answered fully. | <input type="radio"/> Yes
<input type="radio"/> No |
| 2 | 2. I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my legal rights nor treatment / healthcare being affected. | <input type="radio"/> Yes
<input type="radio"/> No |
| 3 | 3. I understand that sections of any of my medical notes may be looked at by responsible individuals from Imperial College London, Cardiff University, from NHS Trust or from regulatory authorities where it is relevant to my taking part in this research. | <input type="radio"/> Yes
<input type="radio"/> No |
| 4 | 4. I give consent for information collected about me to be used to support other research or in the development of a new test, medication, medical device or treatment by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure). | <input type="radio"/> Yes
<input type="radio"/> No |
| 5 | 5. I understand that data collected from me are a gift donated to Imperial College and that I will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication treatment, product or service. | <input type="radio"/> Yes
<input type="radio"/> No |
| 6 | 6. I give consent to being contacted about the possibility to take part in further interviews and surveys linked to this study. You can choose this option even if you do not wish to participate in the ultrasound scan part of the study. | <input type="radio"/> Yes
<input type="radio"/> No |
| 7 | 7. I consent to take part in the ultrasound scan part of the Sono-breech study | <input type="radio"/> Yes
<input type="radio"/> No |

Participant Details

Participant First name: _____

Participant Surname: _____

Participant email address: _____

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