



Trinity College Dublin

### CONSENT FORM

**Research title: Maternal health And Maternal Morbidity in Ireland (The MAMMI study)**

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#### **DECLARATION by participant: Please tick ( X o r √) and provide your initials**

1. I have read the information booklet for this research study **Yes [ ] No [ ] initials [ ]**  
and I understand the contents.
2. I have had the opportunity to ask questions and all my **Yes [ ] No [ ] initials [ ]**  
questions have been answered to my satisfaction.
3. I fully understand that my participation is completely **Yes [ ] No [ ] initials [ ]**  
voluntary and that I am free to withdraw from the study at  
any time (prior to publication) without giving a reason and  
that this will not affect my care or the care that my baby  
receives in any way.
4. I agree that my medical records and those of my baby will **Yes [ ] No [ ] initials [ ]**  
be accessed by the research team for the purpose of this  
research.
5. I understand that I may be contacted by a member of the **Yes [ ] No [ ] initials [ ]**  
research team and requested to participate in  
interview(s) on one or more topics covered by this  
research and I consent to this.
6. I understand that I will be given an opportunity to review **Yes [ ] No [ ] initials [ ]**  
the transcript of such interview(s) to confirm accuracy.
7. I understand that the transcript will not identify me by **Yes [ ] No [ ] initials [ ]**  
name but will use the study code and that the original  
digital recording will be erased once the accuracy of the  
transcript has been confirmed.
8. I understand that information from this research will be **Yes [ ] No [ ] initials [ ]**  
published but that I will not be identified as a participant in  
this research in any publication.
9. I agree that information obtained from me in this research **Yes [ ] No [ ] initials [ ]**  
which has been coded so as not to identify me may be  
stored and used for the purpose of future research which  
will have obtained Research Ethics Committee approval  
without the need for further consent from myself.

10. I understand that my personal details (name and address and other identifying information that links my identity to the study data) will be destroyed when this study is complete **unless** I have agreed to its retention after that date and to being contacted about future research. Yes [ ] No [ ] initials [ ]
11. I consent to my personal details being retained for a further period of 5 years after this study has been completed and used to invite me to participate in future research in accordance with this consent. Yes [ ] No [ ] initials [ ]
12. I consent to being contacted in the future regarding participation in research *relating to the topics covered by this research* which will have Research Ethics Committee approval. Yes [ ] No [ ] initials [ ]
13. I consent to being contacted in the future in relation to participation in research *unrelated to topics covered by this research* which will have Research Ethics Committee approval. Yes [ ] No [ ] initials [ ]
14. I understand that the researchers undertaking this research will hold in confidence and securely all collected data and other relevant information. Yes [ ] No [ ] initials [ ]
15. I freely and voluntarily consent to participating in this research study. Yes [ ] No [ ] initials [ ]

**PARTICIPANT'S NAME** .....

**Contact Address** .....

.....

**Phone number:**.....

**Participant's signature:** ..... **Date:** .....

**E-mail** .....