

Sponsor's/protocol number: **20HH5790**

NCT number:

IRAS Project ID: **277754**

CONSENT FORM

Title of Project: The evaluation of the pathophysiology of Varicose veins in pregnancy

Name of Researcher: Dr. M. Aslam

Please initial all boxes

1. I confirm that I have read and understand the subject information sheet dated **16 May 2021** version **2** for the above study and have had the opportunity to ask questions which have been answered fully.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without medical care or legal rights being affected.

3. I understand that relevant sections of medical notes and data collected during the study may be looked at by individuals from the Sponsor, the NHS and the research team, including regulatory authorities, monitors and auditors, where it is relevant to my participation in this research. I give permission for these individuals to have access to these records.

4. I agree to my GP being informed of my participation in the study.

5. I understand that all information will remain confidential.

6. I voluntarily give consent to participate in this study.

7. I give/ do not give consent for information collected about me to be used to support other research in the future, including those outside of the EEA.

Yes

No

8. I give/ do not give consent for samples collected during this study to be used in future ethically approved studies.

Yes

No

9. I give/ do not give permission for my samples to be sent to other organisations, including these outside of the EEA.

Yes

No

10. I give consent for my blood samples in this study to be used for genetic testing.

11. I agree that any significant incidental findings will be referred to my clinician and I will be withdrawn from the study.

12. I agree to receive a lay summary of the research study results after the research study finishes by email or letter.

Yes

No

13. I give consent to being contacted to potentially taking part in other research studies.

Yes

No

Print Name of Participant

Date

Signature

Print Name of Person taking Consent

Date

Signature

When completed, 1 for patient; 1 for researcher site file; 1 (original) to be kept in medical notes