Consent form for participants

Understanding COVID-19 infection in pregnant women and their babies

1. I have read the Information Leaflet for Participants on the "Understanding COVID-19 infection in pregnant women and their babies" (Version _____ Dated _____________.)

2. I have been given sufficient time to consider making this decision and have had all my questions answered satisfactorily

3. I agree to donate my and my baby’s samples to Public Health England and St George's, University of London

4. I understand that the information I provide, and our samples, will only be labelled with a unique reference number and will not have our name or any personal details recorded

5. I understand that my personal data will be stored in accordance with the Data Protection Act 2018 and the GDPR

6. I understand that our samples will be tested for coronavirus and our immunity against coronavirus, including antibodies against coronavirus

7. I have been informed that I can withdraw at any time without giving a reason

The following is optional. If you choose to withhold consent, you can still take part in the surveillance.

8. I agree to my and my baby’s anonymised data and/or results being used for future research

9. I agree to my and my baby’s anonymised samples being used for future research studies

10. I agree to my and my baby’s anonymised data being retrieved from our partners working on the UKOSS and PANCOVID studies.

11. I am happy for PHE to transfer my anonymised blood sample to the PHE Seroepidemiology Unit collection after all the tests are performed.

Participant’s Legal Name:  Signature:  Date:

Name of next of kin (if applicable):

Relationship to participant:  Signature:  Date:

Professional’s Legal Name:  Signature:  Date:

COVID-19 infection in pregnancy and the newborn (code: periCOVID)
Consent form for participants

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<thead>
<tr>
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<tbody>
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COVID-19 infection in pregnancy and the newborn (code: periCOVID)