



Consent form for participants

Understanding COVID-19 infection in pregnant women and their babies

	Initials
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:





Consent form for participants **Patient copy**

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