



Participant Study Number

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Trial Consent form: Bridge-it Study

Please **Initial** all boxes

I confirm that I have read and understood the Bridge-it Patient Information Sheet (Version 4, 8.1.19) and the Data Protection Information Sheet (Version 1, 29.6.18). I have had the opportunity to think about the information and ask questions. I understand the purpose of the trial and I know what my involvement will be.	<input type="checkbox"/>
I understand that it is my participation is voluntary and that I can withdraw at any time without giving any reason and that this will not affect my medical care in any way	<input type="checkbox"/>
I understand that I will be contacted to complete a questionnaire in 4 months time by phone, post or email.	<input type="checkbox"/>
I understand that that relevant sections of my medical notes and data collected during this study may be looked at by individuals from the Sponsor (University of Edinburgh/NHS Lothian), from the NHS organization or other regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data and /or medical notes.	<input type="checkbox"/>
I understand that information from relevant national registries, held and maintained by NHS bodies including Information Services Division (ISD), Department of Health (DOH England), NHS Digital, NHS Sexual health clinic and other relevant government bodies and may be used to provide information about my health status via a strictly confidential process and that individual women, including myself , cannot be identified.	<input type="checkbox"/>
I agree that what I say or write down in questionnaires can be used for research purposes (including reports, publications and presentations) and understand that I cannot be identified from this.	<input type="checkbox"/>
I understand that any information I provide will be stored securely and destroyed in line with the University of Edinburgh archiving policy (who are sponsoring this study). Essential documents will be stored for 5 years after the study ends.	<input type="checkbox"/>
I understand and agree that if I suffer a loss of capacity during this study, the research team will retain and continue to use the data they have already collected from me.	<input type="checkbox"/>
I agree to take part in the above study	<input type="checkbox"/>

The following are OPTIONAL only (i.e. you can still take part in the study):

I am willing to participate in a detailed interview (60 mins) with a researcher about my experience of participating in this study. I understand that these interviews will be audio recorded and transcribed but that I will not be identifiable from them	<input type="checkbox"/> Y	<input type="checkbox"/> N
I agree to my General Practitioner being informed of my participation in this study and I agree to my General Practitioner possibly being contacted to check contraceptive use at 4 months after recruitment to the study.	<input type="checkbox"/> Y	<input type="checkbox"/> N
I agree to my anonymised data being used in future ethically approved studies.	<input type="checkbox"/> Y	<input type="checkbox"/> N

Participant (print name)	Participant signature	Date
Person taking consent (print name)	Person taking consent signature	Date