



**baby**  
born and bred in yorkshire

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## Partner's Consent Form

Thank you for reading the information about this study. If you would like to take part, please read and sign this form. Please initial each box if you agree with the accompanying statement:

- 1 I have read the study information leaflet and have been given a copy to keep. I have been able to ask questions about the study and I understand why the research is being done.
- 2 I understand that my participation in this study is entirely voluntary and that I will not receive any payment. I am free to withdraw my consent at any time without giving a reason.
- 3 I give my permission for a member of the research team to access, examine and record information from my general practitioner (GP) records.
- 4 I give my permission for a member of the research team to access, examine and record information from my hospital records.
- 5 I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give my permission for these individuals to have access to my records.
- 6 I understand that all information about me and my baby will be treated confidentially and that the results from any tests will not be used or released in such a way that we could be identified.
- 7 I understand that any research project will be approved by the relevant ethics committee.
- 8 I agree to my family doctor (GP) being informed that I am taking part in this study.
- 9 I agree to be contacted again.

Partner's surname: \_\_\_\_\_ Partner's first name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Baby's surname: \_\_\_\_\_ Expected birthday: \_\_\_\_\_  
(if known)

Email: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**PLEASE RETURN THE TOP TWO COPIES OF THIS FORM IN THE ENVELOPE PROVIDED. THE YELLOW COPY IS FOR YOU TO KEEP.**