Written Consent Form

Please complete in black ballpoint pen

ANODE: prophylactic **AN**tibiotics for the prevention of infection following **O**perative **DE**livery

Hospital name: _____ **Study number:** ☐☐☐☐☐

Name of Principal Investigator: _____

Written Consent

Please initial box

1. I confirm that I have received verbal information and read and understood the Participant Information Leaflet dated 27th October 2016 (Version 2.2) for the above study. I have had the opportunity to ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, and without my medical care or legal rights or that of my baby being affected. ☐
3. I understand that relevant sections of the medical records and data collected during the study, may be looked at by individuals from the sponsor, from regulatory authorities, the co-ordinating centre or the host Trust where this is relevant to this study. I give permission for these individuals to have access to these records. ☐
4. I agree to my personal identifying information being collected, stored and used by the co-ordinating centre in Oxford to enable follow-up. This is on the understanding that any information will be treated confidentially. ☐
5. I understand that the information held and maintained by The Health and Social Care Information Centre or NHS Wales Informatics Service and other central UK NHS bodies may be used to provide information about my health status. This is on the understanding that all information will be treated confidentially. ☐
6. I understand that the information collected about me may be used to support other ethically approved research in the future, and may be shared anonymously with other researchers. I understand that my personal information will not be shared. ☐
7. I agree to my GP being informed of my participation in the study. ☐
8. I agree to take part in the study. ☐

Name of Participant	Name of person taking consent
Signature of Participant	Signature of person taking consent
D D / M M / Y Y	D D / M M / Y Y

ORIGINAL copy to ANODE Co-ordinating Centre; One copy to participant; One copy to Site folder; One copy to participants notes