

Informed consent materials

- 1. ASHA workers**
- 2. Women**
- 3. PHC**

PARTICIPANT CONSENT FORM
 SMARThealth Pregnancy 2

Ethics Reference:

Purpose of Study: The purpose of this study is to decrease anaemia and improve detection and follow-up of women with diabetes and hypertension during pregnancy and in the first 12 months after delivery.

*Please
 initial
 each
 box*

- | | | |
|----|---|---|
| 1 | I confirm that I have read and understand the information sheet version _____ dated _____ for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input style="width: 60px; height: 25px;" type="text"/> |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or penalty. | <input style="width: 60px; height: 25px;" type="text"/> |
| 3 | I understand that research data collected during the study may be looked at by designated individuals from the University of Oxford and The George Institute for Global Health where it is relevant to my taking part in this study. I give permission for these individuals to access my data. | <input style="width: 60px; height: 25px;" type="text"/> |
| 4 | I understand that the information I give to the study may be used for other research studies in a way that I cannot be identified | <input style="width: 60px; height: 25px;" type="text"/> |
| 5 | I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Tropical Research Ethics Committee (OxTREC) and The George Institute Ethics Committee, India. | <input style="width: 60px; height: 25px;" type="text"/> |
| 6 | I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project. | <input style="width: 60px; height: 25px;" type="text"/> |
| 7 | I understand how this research will be written up and published. | <input style="width: 60px; height: 25px;" type="text"/> |
| 8 | I understand how to raise a concern or make a complaint. | <input style="width: 60px; height: 25px;" type="text"/> |
| 9 | I agree to be contacted by the study team by phone call, or through my ASHA worker, for follow-up during the study | <input style="width: 60px; height: 25px;" type="text"/> |
| 11 | I agree to take part in the study | <input style="width: 60px; height: 25px;" type="text"/> |

Name of Participant	Date	Signature
Name of Witness	Date	Signature
Name of person taking consent	Date	Signature

PARTICIPANT CONSENT FORM
SMARThealth Pregnancy 2:
Ethics Reference:

Purpose of Study: The purpose of this study is to decrease anaemia prevalence and improve detection and follow-up of women with diabetes and hypertension detected in pregnancy and in the first 12 months after delivery.

S
No

*Person taking consent to
initial each box with
permission of participant*

- 1 I confirm that I have read and understand the information sheet version _____ dated _____ for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- 2 I understand that the participation of the Primary Health Centre (PHC) is voluntary and that the PHC is not obliged to enrol into the study.
- 3 I understand that research data collected during the study may be looked at by designated individuals from the University of Oxford and The George Institute for Global Health where it is relevant to my taking part in this study. I give permission for these individuals to access data necessarily for this study from my health centre.
- 4 I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Tropical Research Ethics Committee (OxTREC) and The George Institute Ethics Committee, India.
- 5 I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project.
- 6 I understand how this research will be written up and published.
- 7 I understand how to raise a concern or make a complaint.
- 8 I agree for the PHC, its associated staff, and willing patient participants to take part in the study

_____	_____	_____
Name of Administrative head	Date	Signature
_____	_____	_____
Name of witness	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature

PARTICIPANT CONSENT FORM
SMARThealth Pregnancy 2:

Ethics Reference:

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S
No

*Please initial
each box*

1	I confirm that I have read and understand the information sheet version _____ dated _____ for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>
2	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or penalty.	<input type="checkbox"/>
3	I understand that research data collected during the study may be looked at by designated individuals from the University of Oxford and The George Institute for Global Health where it is relevant to my taking part in this study. I give permission for these individuals to access my data.	<input type="checkbox"/>
4	I understand that the information I give to the study may be used for other research studies in a way that I cannot be identified.	<input type="checkbox"/>
5	I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Tropical Research Ethics Committee (OxTREC) and The George Institute Ethics Committee, India.	<input type="checkbox"/>
6	I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project.	<input type="checkbox"/>
7	I understand how this research will be written up and published.	<input type="checkbox"/>
8	I understand how to raise a concern or make a complaint.	<input type="checkbox"/>
9	I agree to be contacted by the study team by phone call for follow-up during the study	<input type="checkbox"/>
10	I agree to take part in the study	<input type="checkbox"/>

Name of Participant	Date	Signature
Name of Witness	Date	Signature
Name of person taking consent	Date	Signature