

INFORMED CONSENT FORM

EMmY: Effectiveness and acceptability of myo-inositol supplement in the prevention of gestational diabetes: a pilot placebo controlled double blind randomised trial

REC Reference number: 17/LO/1741

IRAS ID: 232904

Please initial each box to confirm consent

1.	I confirm that I have read and understood the information sheet dated 23.11.2017 , version 3.0 for the above study. I have had the opportunity to consider the information, ask questions about the study and have had these answered satisfactorily.	
2.	I understand that my participation is voluntary and that if I take part, I am free to withdraw at any time, without giving a reason and without my medical care or legal rights being affected.	
3.	I understand that my healthcare professional will provide a copy of my consent form and personal information about me and my pregnancy, in confidence, to the central organisers at the Barts Research Centre for Women's Health at Queen Mary University London for use in the EMmY trial in accordance with the Data Protection Act (1998).	
4.	If in the course of the study I decide not to continue I understand that any collected data will be analysed, unless I specify otherwise.	
5.	I understand that if I lose the capacity to consent at any point during the study, additional tests will not be conducted for research purposes. In such a case, I agree for the researchers to use any previously collected research data and any further data collected as part of routine clinical practice.	
6.	I understand that the information and samples (blood and urine) collected will be used for medical research only, including academic publications, and may be shared anonymously with other researchers. I will be given a Unique Identification Number (UIN) in order to ensure that mine and my baby's data are anonymous.	
7.	I understand that the information held by the NHS may be used to keep in touch with me and to follow up the health status of me and my baby and that I may be contacted by the research team in the future to be invited to take part in future studies. I understand that I would not have to take part in any upcoming research if I did not wish to.	
8.	I understand that relevant sections of me or my baby's medical notes and data collected during the study may be looked at by individuals from the research team, regulatory authorities or the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
9.	I agree to my GP being informed of my participation in the EMmY study.	
10.	I understand what is involved in the EMmY study and agree to participate.	

You will be provided with a signed copy of this consent form.

Name of patient

Signature

Date

Name of person taking consent

Signature

Date