

University College London Hospitals 
NHS Foundation Trust

CONSENT FORM

Centre number: 101.....

Study number:245873.....

Patient trial ID number:

Title of project: Modified downregulation before embryo transfer for women with moderate or severe adenomyosis.

Please tick box.

1. I confirm that I have read and understand the information sheet dated for the above study. I have had the opportunity to consider the information, ask questions and these have been answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

3. I understand that sections of any of my medical notes may be looked at by responsible individuals from University College Hospital NHS Trust or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.

4. I agree to take part in the above study.

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6. I agree to my GP being informed that I am taking part in this study.

7. I agree to my medical records being accessed by the research team to obtain information relevant to this research study.

Name of Patient

Date

Signature

Name of Partner

Date

Signature

Name of Person taking consent

Date

Signature

Researcher

Date

Signature