



Trinity College Dublin



### CONSENT FORM for interview

**Research title: Maternal health And Maternal Morbidity in Ireland (The MAMMI study)**

**Researcher: Deirdre Daly Tel: 087 1956441**

**DECLARATION by participant: Please tick (X or ✓) and provide your initials**

1. I have read the information booklet for this research study and I understand the contents. **Yes [ ] No [ ] initials [ ]**
2. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. **Yes [ ] No [ ] initials [ ]**
3. I fully understand that my participation is completely voluntary and that I am free to withdraw from the study and this interview at any time (prior to publication) without giving a reason and that this will not affect my care or the care that my baby receives in any way. **Yes [ ] No [ ] initials [ ]**
4. I understand that I will be given an opportunity to review the transcript from this interview to confirm accuracy. **Yes [ ] No [ ] initials [ ]**
5. I understand that the transcript will not identify me by name but will use the study code and that the original digital recording will be erased once the accuracy of the transcript has been confirmed. **Yes [ ] No [ ] initials [ ]**
6. I understand that the information from this research and this interview will be published but that I will not be identified as a participant in this research in any publication. **Yes [ ] No [ ] initials [ ]**
7. I agree that information obtained from me in this research and this interview which has been coded so as not to identify me may be stored and used for the purpose of future research which will have obtained research Ethics Committee approval without the need for further consent from myself. **Yes [ ] No [ ] initials [ ]**
8. I understand that my personal details (name and address and other identifying information that links me to the study data) will be destroyed when this study is complete unless I have agreed to its retention after that date and to being contacted about future research. **Yes [ ] No [ ] initials [ ]**

9. I freely and voluntarily consent to participating in this **Yes [ ] No [ ] initials [ ]** interview.

**PARTICIPANT'S NAME:**

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**Contact Address:**

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**Phone number:** ..... **Email:** .....

**Participant's signature:** ..... **Date:**.....

**Researcher:** ..... **Signature:** ..... **Date:**.....

*One copy of this form must be retained by the participant and one copy must be retained by the researcher*