**Title of Project**: Is Antenatal Exposure to Selective Serotonin Reuptake Inhibitors (SSRIs) Associated with Prolongation of the QT Interval in Term Neonates (37 Complete Weeks Gestation or Greater)?

Name of Researcher: Marie Lindsay-Sutherland

Study Ethics Number: 8442

Patient Coding Number for this study:-

**CONSENT FORM For Control Group (Version 6)**

**Please initial all boxes**

1. I confirm that I have read and understand the information sheet dated 25/11/2015 (version 7) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

1. I understand that my participation and that of my baby is voluntary and that we are free to withdraw at any time without giving any reason, without our medical care or legal rights being affected.
2. I understand that relevant sections of my and my baby’s medical notes, and data collected during the study, may be looked at by individuals from the University of Southampton, from regulatory authorities, or from Xxxxx NHS Foundation Trust Hospital, where it is relevant to our taking part in this research. I give permission for these individuals to have access to our records.
3. I agree to my baby’s medical records/ electronic patient record being accessed to establish follow up given if there is an initial abnormal ECG, and to ascertain his/her wellbeing.
4. I agree to taking part in the above study.
5. I agree to my General Practitioner (GP) being advised of my participation in the study and the result of my baby’s ECG.

***Data Protection***

*I understand that information collected about me during my participation in this study will be stored on a password protected computer and in a locked environment, and that this information will only be used for the purpose of this study. All files containing any personal data will be coded, and links to this primary data stored separately in a secure environment.*

**Please tick if required**

I would like to be advised of the study results :- by post …………………………………..

(your latest address will be obtained from electronic hospital records)

Or by email (fill in email address)…………………………………....................................

Patient Coding Number for this study:-

Name of Participant Date Signature

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Hospital Number Date of Birth

Name of Person taking consent Date Signature

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Designation

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Baby’s Date of Birth Baby’s Hospital Number