

Body Composition and effect on the Reproductive Tract

Ethics Approval Number: 08/H0502/162

Consent form

Recruitment no:

Please **initial** each box:

- | | | |
|----|---|--------------------------|
| 1) | I confirm that I have read and understand the information sheet dated _____ (version __) for the above study and have had the opportunity to ask questions. | <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 my medical care or legal rights being affected. | <input type="checkbox"/> |
| 3) | I understand that individuals from Southampton University Hospital NHS Trust research team may look at relevant sections of my medical notes and data collected during the study. I give permission for these individuals to have access to my records. | <input type="checkbox"/> |
| 4) | I agree to have a blood test taken as part of the research study. | <input type="checkbox"/> |
| 5) | I agree to the researchers sampling the fluid/menstrual flow and tissue from my womb as part of the research study. | <input type="checkbox"/> |
| 6) | I agree to my Fallopian tube(s) taken as part of this study (where applicable) | <input type="checkbox"/> |
| 7) | I agree to take part in the above study. | <input type="checkbox"/> |

.....
Name of participant giving consent	Signature	Date

.....
Name of person taking consent	Signature	Date

Statement of witness (in telephone consent): I have been present and have witnessed the consenting. I have initialled in the boxes and signed on the participant's behalf.

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Name of witness	Signature	Date