



Study ID No _____

Consent Form

Title of Project: The Northern Ireland Baby Hearts Study a study of risk and protective factors for congenital heart disease

Please initial each box after reading

1. I confirm that I have read and understood the information sheet dated 31/03/2014 for the above study and I have had the opportunity to consider the information, ask questions and have any questions answered satisfactorily.
2. I understand that my participation is voluntary, that I am free to withdraw at any time without giving any reason, that only data that has already been collected will be used and that this will not affect my medical care or legal rights.
3. I understand that the researchers will hold all information and data collected during the study securely and in confidence (except as might be required by law), that I will not be identified in any publications and that I give permission for the researchers to hold personal data which will be my name, Health and Care number, and postcode.
4. I agree to take part in the study.
5. I give permission to the researchers to have access to relevant parts of the following records:
 - a. Maternity notes stored in the Northern Ireland Maternity System.
 - b. Electronic records of medications prescribed by GPs and dispensed by community pharmacists relevant to the three months before pregnancy and the first three months of pregnancy.
 - c. GP records, only where electronic records show prescriptions of selected medications for which further information is needed for the research.

| | | |
|----------------------------|-------------|------------------|
| Name of participant | Date | Signature |
| Name of researcher | Date | Signature |

Copy to: Participant/Researcher/Records