

UK ITP PREGNANCY REGISTRY STUDY INFORMED CONSENT AGREEMENT (1.0)

UK Adult Immune Thrombocytopenia (ITP) Pregnancy Registry



Insert Trust Logo here

Pregnancy Study Informed Consent Agreement

Please initial
boxes

1. I confirm that I have read and understand the Prospective Participant Overview of the Pregnancy Registry and have had the opportunity to address any questions or concerns that I had regarding the study. ☐
2. I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving any reason and without my medical care or legal rights being affected. ☐
3. I understand that study-related information about my pregnancy, delivery and new-born child, up to 3 months after my pregnancy, may be extracted by my clinical care team. I give permission for:
 - a. My maternity records to be requested if they are held at a different site to my ITP-related records. ☐
 - b. Data about my pregnancy and delivery to be extracted from my medical and maternity records. ☐
 - c. Data about my neonate (child up to 3 months of age) to be extracted from my medical and maternity records. ☐
 - d. I agree that data collected relating to my pregnancy will be sent to Dr Sue Robinson, Guys & St Thomas NHS Foundation Trust, Co-Investigator for this study, for operational purposes, analysis and reporting. ☐
4. I agree to take part in the UK ITP Pregnancy registry ☐

Name of Patient

Date

Signature

Name of person taking
consent

Date

Signature

Centre Name

Site Address and contact
details