

## CONSENT FORM FOR PREGNANT WOMEN

**Title of the project:** ~~XX~~

Participant's name:

Address:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I have been given an information sheet giving details of the study. **Risk and benefit of this project has been explained to me.** I fully consent to participate in the above study.

Signature/thumb impression of the participant: \_\_\_\_\_ Date: \_\_\_\_\_