

The assessment of maternal haemodynamic profile via transthoracic bioreactance as a screening tool for the early prediction of preeclampsia (PE) and normotensive fetal growth restriction (FGR).

AUTHOR(S)

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MATERNAL CONSENT FORM

The HANDLE Study: **Haemodynamic Assessment iN pregnancy anD neonatal Echocardiography** assessment. A study identifying Abnormal Haemodynamic Profiles in Pregnancy as a Predictor of Adverse Obstetric Outcome and Characterisation of Neonatal Myocardial Performance in Infants.

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DECLARATION by participant: Please tick (✓) and provide your initials

- | | |
|--|--|
| 1. I have read the leaflet and I understand the contents. | Yes <input type="checkbox"/> No <input type="checkbox"/> initials <input type="text"/> |
| 2. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. | Yes <input type="checkbox"/> No <input type="checkbox"/> initials <input type="text"/> |
| 3. I fully understand that my participation is completely voluntary and that I am free to withdraw from the study at any time (prior to anonymisation/publication) without giving a reason and that this will not affect my care in any way. | Yes <input type="checkbox"/> No <input type="checkbox"/> initials <input type="text"/> |
| 4. I agree that my Rotunda maternity records will be accessed by the research team for the purpose of this research only. | Yes <input type="checkbox"/> No <input type="checkbox"/> initials <input type="text"/> |
| 5. I understand that information from this research will be published but that I will not be identified as a participant in this research in any publication. | Yes <input type="checkbox"/> No <input type="checkbox"/> initials <input type="text"/> |

- | | |
|---|------------------------------------|
| 6. I understand that I will not be identified as a participant in this study (unless a legal requirement) and that the researchers may hold my personal information for 5 years after the study has been completed. | Yes [] No [] initials [] |
| 7. I understand that blood samples will be collected and stored for a period of up to 2 years. After this time they will be processed and destroyed. | Yes [] No [] initials [] |
| 8. I understand that the researchers undertaking this study will hold in confidence and securely all collected data and other relevant information. | Yes [] No [] initials [] |
| 9. I freely and voluntarily consent to participating in the research study. | Yes [] No [] initials [] |

PARTICIPANT'S NAME:	
Contact Address:	
Phone number:	Email:
Participant's signature: Date:	
Name of person taking consent: Signature: Date:	
Researcher: Signature: Date:	