Consent form

Title of Research : The use of array CGH in the investigation of abnormal antenatal ultrasound

Name of principal researcher: Dr Kelly Cohen

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information and ask questions, and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary, and that I am free to withdraw at any time without giving a reason. This will not affect my or my partner's legal rights. ☐

3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by responsible individuals from the research team, from regulatory authorities or from the NHS trust where it is relevant to my participation in this research. I give permission for these individuals to have access to my records. ☐

4. I agree to take part in the above study ☐

Name of participant	Date	Signature
……	……	…….
Name of consenting Doctor	Date	Signature
……	……	…….
Researcher	Date	Signature
……	……	…….