



Understanding lives –
now and for the future

Pregnancy Component: Mother Consent Form

EDITOR

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Acknowledgements

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Participant Identification (ID) Number*: _____

Family Identification (ID) Number: _____

Consent Form

Title of Project: Life Study

Please put your initials in the 'Confirmed?' box to indicate agreement

| | TAKING PART IN LIFE STUDY | CONFIRMED? |
|-----|--|------------|
| 1* | I have read and understood the Life Study Participant Information for Pregnant Women dated 01/12/2014 (version 3.0) and Mothers with Babies dated 01/12/2014 (version 3.0). I have had the opportunity to consider the information and ask questions. | |
| 2* | I agree to take part in Life Study. | |
| 3* | I agree to my baby (or babies) taking part in Life Study. | |
| 4* | I understand that my participation and the participation of my baby (or babies) in Life Study is voluntary and that I am free to withdraw myself and my baby (or babies) at any time, from all or part/s of the study, without giving any reason. | |
| 5* | I give permission for individuals from regulatory authorities and the sponsoring organisation ¹ to have access to my and my baby's (or babies') medical records and information collected for Life Study to monitor the study and check that it is being carried out correctly. | |
| 6 | I give permission for staff to make a film-recording (using a camera) of me and my baby (or babies) and for this recording to be stored long-term ² and used for research purposes. | |
| 7* | I understand that none of my or my baby's (or babies') results will be given to me (except for some measurements if available at the visit). | |
| 8 | I give permission for collection, long-term ² storage and use of my and my baby's (or babies') biological samples for health-related research purposes (even after my incapacity or death), and give up all rights to these samples which I am donating to Life Study. | |
| 9 | I give permission for the long-term storage and use of my baby's (or babies') leftover newborn screening bloodspots for health-related research purposes (even after my incapacity or death), and give up all rights to these samples which I am donating to Life Study. | |
| 10 | I agree to my GP being informed of my and my baby's (or babies') participation in Life Study. | |
| 11* | I agree to be contacted in future about Life Study. | |

¹ The authorised persons will all have a duty to keep your data confidential.

² Long-term means for many years to come; more than 10 years.

| | INFORMATION FROM RECORDS (MOTHER AND BABY) | CONFIRMED? |
|-----|---|-------------------|
| | HEALTH | |
| 12* | I give permission for Life Study to obtain information for research purposes from my and my baby's (or babies') health-related records and registers; information about my NHS registration, births and deaths, health status, treatment and use of health services, including records held by the National Health Service (NHS) ³ , GPs, other healthcare organisations or providers, NHS Central Register ³ , NHS Personal Demographics Service ³ , Department of Health ³ , Office for National Statistics (England and Wales) ³ , National Records of Scotland ³ , General Register Office for Northern Ireland ³ and Northern Ireland Statistics & Research Agency ³ . | |
| 13* | I give permission for information from my routine health records and my baby's (or babies') routine health records (as detailed in the participant information) to be released to Life Study for research purposes. | |
| | INFORMATION FROM RECORDS (MOTHER ONLY) | CONFIRMED? |
| | EDUCATION | |
| 14 | Schools I give permission for the English Department for Education ³ , the Welsh Department for Children, Education, Lifelong Learning and Skills ³ , the Scottish Government Education Directorate ³ , or the Department of Education/Education and Skills Authority in Northern Ireland ³ , or the relevant departments holding these data, to provide information from my educational records to Life Study. | |
| 15 | Further Education I give permission for the Data Service ³ and Department for Business, Innovation & Skills ³ , or the relevant departments holding these data, to provide Life Study with information from my education records. | |
| 16 | Higher Education I give permission for the Universities and Colleges Admissions Service ³ and the Higher Education Statistics Agency ³ , or the relevant departments holding these data, to provide Life Study with information from my education records. | |
| | MOBILE COMMUNICATIONS | |
| 17 | I give permission for the research team to access and store information ⁴ about my use of past, current and future mobile communication technologies from my past, current and future mobile network operators. | |
| | ECONOMIC | |
| 18 | I give permission for the Department for Work and Pensions ³ , or the relevant department holding these data, to provide Life Study with information from records about my benefit and tax credit claims, and about any employment and other support programs I have taken part in (or will take part in the future). | |
| 19 | I give permission for HM Revenue and Customs ³ , or the relevant department holding these data, to provide Life Study with information from my records about my National insurance contributions, tax records, pensions, savings and about my work and employment. | |

| Participant Name | Date | Signature |
|-------------------|------|-----------|
| Staff Member Name | Date | Signature |

³ This will include any successor or succeeding department/organisation holding these data.

⁴ This will include how often and for how long you use these technologies but NOT your contacts, or the content of messages.

