New Methods of Detecting Fetal Chromosome Abnormalities (EACH Study)

Patient Consent Form

Initials

1. I confirm that I have read and understood the information sheet dated 16.12.2011 (version 2) for the above study. I have had the opportunity to consider the information,
   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 any reason, without my legal rights being affected. ☐

3. I understand that relevant sections of my medical records and the data collected during
   my participation in the study may be looked at by responsible individuals from the Universities of Newcastle or from the Newcastle
   upon Tyne Hospitals NHS Foundation Trust, where it is relevant to my taking part in this
   research (for example, for the purposes of audit). ☐

4. I agree to take part in the above study and for any excess villi or amniotic fluid being used
   for array CGH analysis ☐

5. I agree to 25ml of my blood to be used as part of the RAPID study to develop new methods
   of detecting fetal chromosomal abnormalities. ☐

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6. If I continue with the pregnancy, I agree to be being contacted after the birth to arrange
   for my baby's development to be assessed. ☐

7. I agree to being contacted at a later date to ask if I am prepared to participate in an in-depth interview with a researcher about my experience in the EACH study ☐

_____	_____	_____
Name of patient	Date	Signature
_____	_____	_____
Name of health professional	Date	Signature

When completed, 1 copy for participant, 1 copy for researcher site file