

Consent Form for enrolment in pregnancy and birth weight monitoring
The Low birth weight South Asia trial: a study into cost-effective interventions
(English to be translated into Maithili and Nepali)

Thank you for your interest in taking part in this research. Before you agree to take part, the person enrolling you in the research must explain the project to you. **Please complete this form after you have read and/or listened to the explanation about the research found in the Information Sheet.**

If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

Participant's Statement

I _____ **(NAME)** (please print)

- have read / have had read out to me the notes written above and the Information Sheet, and understand what the study involves.
- agree that the research project named above has been explained to me to my satisfaction and I voluntarily agree to take part in this study.
- understand that I must not take part if I am not planning to stay at this address throughout my pregnancy and around the time of my delivery.
- consent to the processing of my personal information for the purposes of this research study.
- understand that such information will be treated as strictly confidential.
- agree that my non-personal research data may be used by others for future research. I am assured that the confidentiality of my personal data will be upheld through the removal of identifiers.
- understand that the information I have submitted will be used in publications but also that confidentiality and anonymity will be maintained and it will not be possible to identify me from any publications.
- agree to be contacted in the future by researchers who would like to invite me to participate in follow-up studies.
- understand that if I decide at any time that I no longer wish to take part in this project, I can notify the researchers involved and withdraw immediately, and that neither I nor my antenatal or subsequent care will be affected negatively in any way if I do not want to participate.

Participant's signature or thumbprint: _____ **Date:** _____

Researcher's name (please print): _____ **Date:** _____

Researcher's signature: _____

This study has been approved by the UCL Research Ethics Committee (Project ID Number: 4198/001) and the Nepal Health Research Council (NHRC) (Project ID Number 108/2012).