

Participant Identification Number:

**CONSENT FORM 1**

**Title: Death before Birth: Understanding, informing and supporting the choices made by people who have experienced miscarriage, termination, and stillbirth**

The pseudonym that I would like to be used in the transcript instead of my own name is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please initial box

1. I confirm that I have read the information sheet dated.................... (version............) 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. If I withdraw then interview data will be removed from the study and will be

destroyed.

1. I understand that I will be sent the transcript for review and that I will have 2 weeks during which to approve it. Once I approve it, I understand that I can no longer withdraw my data from the study.
2. I understand that my real name will not be stored in connection with the data collected about me.
3. I agree to being audio-recorded during my interview.
4. I agree to reviewing the transcript that will be sent to me. I understand that I can request

amendments within 2 weeks of receipt.

1. I understand that the research team may use elements of the interview material in their publications. Identifying information will be changed or omitted from any quotations from the transcripts that are used in publications (e.g. presentations, reports, academic journal articles, the websites of the project partners) wherever possible.
2. I understand that it may not be possible to anonymise the transcripts completely if a friend or family member has also participated in the study since they may still recognise aspects of the experience recorded in it or in quotations taken from it.
3. I agree that, for the duration of the research project, all data will be stored securely on University of Birmingham premises or in password-protected electronic systems.
4. I understand that on receipt of the transcript for review, I will be given the opportunity to decide whether or not I consent to its deposit in an electronic repository at project end in full, as a partial transcript, OR I can choose not to deposit it.
5. I agree to take part in the above study.

Name of Participant Date Signature

Name of Person Date Signature

taking consent