NATIONAL INSTITUTE
for
OCCUPATIONAL HEALTH

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INFORMED CONSENT FOR THE ADVERSE OUTCOMES OF PREGNANCY STUDY

- I hereby confirm that I have been informed by the interviewer, about the nature, conduct, benefits and risks. I have also received, and understood this information sheet (Participant Information Sheet) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- I am aware that there are no direct benefits to me for taking part in this study
- I understand that if at any stage during the interview I need medical attention I will be referred to the nearest public health facility for medical treatment with a written referral letter.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by National Institute of Occupational health and The University of Witwatersrand, School of Public health.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

PARTICIPANT:

Printed Name Signature / Mark or Thumbprint Date and Time

INTERVIEWER:

I, herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Printed Name Signature Date and Time