## ADD LOCAL HOSPITAL HEADER

## **INFORMED CONSENT FORM for <u>RANDOMISATION</u>**

	Perinatal and 2 y			tcome in late preterm f	fetal
Chief Investigator:	Professor Chris	oph Lees			
Participant number:					
This consent form is form have a small baby (EF confirm abnormality w	$W$ or $AC < 10^{th}$ or	fallen 50 centi			
Part A	= = :	-			Please initial box
1. I confirm that I have read and understand the patient information sheet dated / / Version for the above trial. I have had the opportunity to ask questions and have had these answered satisfactorily.					
2. I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.					
3. I understand that sections of any of my and my baby's medical notes may be looked at by responsible individuals from Imperial College London, from the NHS Trust or from regulatory authorities where it is relevant to my taking part in this research.					
4. I give permission for these individuals to access my and my baby's records that are relevant to this research.					
5. I understand that my family doctor will be informed of my participation in the trial.					
6. <b>Optional:</b> I give consent for information collected about me and my baby to be used to support other ethically approved research in the future, including those outside of the EEA.					
7. <b>Optional:</b> I consent to being contacted to potentially taking part in other research studies.					
Part B 8. I consent to be rande	omised to either i	mmediate or de	elayed delivery	for this trial.	
Name of Subject	<u></u>	ignature	_	Date	
Name of Person taking cor	nsent S	ignature	_	Date	
Principal Investigator	<u></u>	ignature	_	Date	
1 copy	for subject; 1 copy for P	rincipal Investigator;	1copy to be kept with	h hospital notes	

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