Informed consent for participation in a health science research project

Title: Nordic randomized trial on laparoscopic versus vaginal cerclage.
Danish title: Forebyggelse af for tidlig fødsel – sammenligning af to forskellige kirurgiske metoder

Declaration by the study participant:

I have been given written and oral information, and I know enough about the purpose, method, advantages and disadvantages to consent to participate in the above mentioned study.

I am aware that participation is voluntary and that I can always withdraw my consent without losing my current or future rights for treatment.

I hereby consent to participate in the research project. I have received a copy of this consent sheet as well as a written patient information leaflet.

Name of study participant: _____

Date: _____ Signature: _____

I would like to be informed of the results of the research project when the project is completed: (choose one answer) Yes ____ (mark with x) No ___ (mark with x)

If yes, please provide email or postal address: _____

The research group behind the project may contact me again within the next 10 years to arrange a follow-up: (choose one answer)

Yes ___ (mark with x) No __ (mark with x)

DECLARATION BY THE PERSON PROVIDING INFORMATION:

I declare that the study participant has received oral and written information about the research project and that the participant has had the opportunity to ask questions.

In my opinion, sufficient information has been provided to enable a decision to be taken on participation in the research project.

Name of the person providing information: _____

Date: _____ Signature: _____

Project identification: 1-10-72-24-23