CONSENT FORM

Study number:
Participant identification number:

Title of Project: An Electronic Patient Decision Aid for Antidepressant Use in Pregnancy: Pilot Randomized Control Trial

Chief Investigator: Louise M. Howard

In order to take part, please confirm that you are happy with the following:	Please tick
1. I confirm that I have read and understood the Participant Information Sheet [v2, 27/11/2015] for the above study. I have had the opportunity to think about the information, ask questions about the study, and have had my questions answered.	☐
2. I understand that taking part in the study is voluntary and that I can leave at any time, without giving any reason, without my medical care or legal rights being affected.	☐
3. I agree to take part in this study.	☐
4. I give permission for researchers to contact my clinical team (midwife, doctor, nurse) to inform them about the study and check my eligibility to take part.	☐

Some parts of the study are optional, please indicate whether or not you agree to the following (delete as appropriate):

5. I give permission for researchers to have access to my medical records for the collection of data that is relevant to this research.	YES / NO
6. I agree to the audiotaping of my first appointment with my doctor after I use the study website.	YES / NO
7. I agree to be contacted by the researchers about ethically approved related studies.	YES / NO
8. I would like to be sent a summary of the research findings upon completion of the study.	YES / NO

Name of participant	**Date**	**Signature** (If consenting online please type your initials to indicate consent)

To be completed by researcher:

Name of researcher who discussed consent	*Date*	*Signature*

When completed: one copy for participants, one copy for researcher site file.