

Intra-operative Ultrasound Guided Ovarian Cystectomy as a Method  
of Fertility Preservation (UGLOC): A Randomised Controlled Trial

Date:  
15/06/2021

IRAS Number:  
290747

## Informed Consent Form

**DOCUMAS: 20QC6370**

### **Full Title of Project:**

Intra-operative ultrasound guided laparoscopic ovarian cystectomy (UGLOC) as a method of fertility preservation in the management of benign ovarian cysts: A Randomised Controlled Trial.

**Name of Principal Investigator:** Mr Joseph Yazbek

**Please initial box**

- |    |   |                                     |
|----|---|-------------------------------------|
| 1. | I confirm that I have read and understand the participant information sheet dated 30.7.21 version 6 or the above study and have had the opportunity to ask questions which have been answered fully.  | <input type="checkbox"/>            |
| 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.  | <input type="checkbox"/>            |
| 3. | I understand that sections of any of my medical notes may be looked at by responsible individuals from the research group from Imperial College London, NHS Trust or from regulatory authorities where it is relevant to my taking part in this research. | <input type="checkbox"/>            |
| 4. | I give permission for these individuals to access my records that are relevant to this research.  | <input type="checkbox"/>            |
| 5. | I consent for information collected about me to be used to support other research in the future, including those outside of the EEA. (Circle as appropriate Yes/No)   | Yes<br>/No <input type="checkbox"/> |
| 6. | I give permission for members of the research team to contact my GP with details of my participation in the study and the post-operative follow up findings.  | <input type="checkbox"/>            |
| 7. | I consent to take part in the above study.  | <input type="checkbox"/>            |
| 8. | I consent to being contacted to potentially taking part in other research studies. (Circle as appropriate Yes/No)   | Yes<br>/No <input type="checkbox"/> |

**Please initial box**

9. I consent to being contacted at the end of the study to receive a leaflet with the findings and results obtained from the study (Circle as appropriate Yes/No)

☐

Yes  
/No

\_\_\_\_\_  
Name of Subject

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person taking consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*1 copy for subject; 1 copy for Principal Investigator; 1 copy to be kept with hospital notes*