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Informed Consent Form

Study Number:

ECHO – Effect of Copper on the Healing of Obstetric wounds

Please sign the box with initials

1. I confirm that I have read and understood the information sheet, dated 21/09/2015, for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that 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 my medical notes may be looked at by responsible individuals in this study where it is relevant to my taking part in research. I give permission to these individuals to have access to my records.
4. I consent for my GP to be informed about my participation in this study.
5. I agree to take part in this study.

Name of patient

Date

Signature

Name of researcher

Date

Signature
