

## Platform Randomised Trial of Treatments in the Community for Epidemic and Pandemic Illnesses – PRINCIPLE

### Pregnant Partner Informed Consent Form

If you agree, please initial box:

1. I confirm that I have read the <b>PRINCIPLE Pregnant Partner Information Sheet</b> dated ___ / ___ / ___ (version ___). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.	
3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by members of the research team and individuals from University of Oxford by regulatory authorities and by my GP practice, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
4. I agree to my General Practitioner being informed of my participation in the study.	
5. I confirm that I am the partner of the participant involved in the PRINCIPLE study.	

Name of pregnant partner:

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Date:

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Signature:

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Name of person taking consent:

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Date:

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Signature:

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*When completed: 1 for participant; 1 for researcher site file (original); 1 to be kept in medical notes*