

## Participant Consent Form

**Study:** The WUP's (Weight loss, Urogynaecological Symptoms, Psychological Changes) Study

**Researcher:**

**Participant Identification Number for this trial:**

	Question:	Initial
1	I confirm that I have read and understood the patient information leaflet (version 4.0 date:10.05.22).	
2	I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study and have had these answered satisfactorily.	
3	I understand that my participation is voluntary, and I can withdraw at any time or refuse to answer any question without any consequences of any kind.	
4	I understand that participation involves: Blood tests, an electronic questionnaire, and interviews.	
5	I understand that participation involves an optional vaginal examination and I AGREE /DO NOT AGREE to it <i>(please circle the correct option)</i>	
6	I understand that my anonymised blood sample results will be used. I understand that blood samples results that are residual to my care may be used in the research. No New samples will be taken.	
7	I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers	
8	I agree to my interview being audio-recorded.	
9	I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted.	
10	I understand that all information I provide for this study will be treated confidentially.	
11	I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about.	
12	I understand that a transcript of my interview in which all identifying information has been removed will be retained for up to 3 months after the study.	
13	I understand that disguised extracts from my interview may be quoted in; Dissertations, Conference, published papers.	
14	I understand that I will not benefit directly from participating in this research.	
15	I understand that if I inform the researcher that myself or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.	

16	I understand that under freedom of information legalisation I am entitled to access the information I have provided at any time while it is in storage as specified above.	
17	I understand that signed consent forms and original audio recordings will be retained at the University of Birmingham.	
18	I understand that I am free to contact any of the people involved in the research to seek further clarification and information.	
19	I agree to my General Practitioner being informed of my participation in the study.	

I agree to participate in this research study.

\_\_\_\_\_

Name of Participant                      Date                      Signature

I believe the participant is giving informed consent to participate in this study.

\_\_\_\_\_

Name of Person                      Date                      Signature  
taking consent

**Head Researcher:**

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