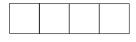
LOCAL HOSPITAL HEADER

Participant trial number:





please complete when patient is randomised

MifeMiso: A randomised placebo-controlled trial of mifepristone and misoprostol versus misoprostol alone in the medical management of missed miscarriage

PARTICIPANT CONSENT FORM

Chief Investigator: Professor Arri Coomarasamy			Initial each box to
I confirm that I have read and understand the patie MifeMiso Trial. I have had the opportunity to ask qu			
I understand that my participation in the trial is volor legal rights being affected.	untary and I am free	e to withdraw at any time without my treatn	nent
I understand that my local research team will prov personal information about my progress, in confide my data will be stored for use in the MifeMiso Trial.	ence, to the study or	rganisers at the University of Birmingham w	
I understand that the information collected will be used for medical research only and that I will not be identified in any way in the analysis and reporting of the results. I understand that an external database provider will be used to securely store information about me. I understand that even if I withdraw from the study, information already collected about me may be included in the final study analysis after being anonymised.			
I understand that relevant sections of my medical individuals from the research team, representatives where it is relevant to my taking part in this research records.	s of the sponsor, fro	om regulatory authorities or from the NHS To	rust,
I understand that the information held by the NHS the purposes of the study.	may be used to kee	ep in touch with me and follow up my status	s for
I understand that researchers for the MifeMiso Trial based at my hospital or at the University of Birmingham may contact me by telephone, mobile telephone, post or e-mail to request information.			
I understand that I may be contacted to ask if I am willing to undertake a face-to-face interview with a researcher from the University of Birmingham to discuss my experiences of taking part in the trial.			
I consent to being contacted in the future to ask for my consent to future studies, and that I may be traced through the NHS databases and GP records.			
I agree for my General Practitioner to be informed about my participation in the study.			
I understand the information that I have been given about the MifeMiso Trial and I agree to take part.			
Name of Participant:	_ Date:	Signature:	_
Name of Researcher:	Date:	Signature:	_
For the translator (if required): I confirm that I have interpreted the study information to the best of my ability and ensured the patient fully understands everything that has been given to them to read/verbally explained to them			
Name of translator:	Date:	Signature:	

Master copy for Site File, 1 copy for participant notes, 1 copy for Participant, 1 copy for MifeMiso Trial Office