

Participant trial number:

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

Patient Satisfaction Interview Study

PARTICIPANT INTERVIEW CONSENT FORM

Chief Investigator: Professor Arri Coomarasamy

Initial each box to confirm consent

I confirm that I have read and understand the patient information leaflet (version __, dated __/__/____) for the MifeMiso Patient Satisfaction Interview Study. I have had the opportunity to ask questions and these have been answered satisfactorily.

I understand that my participation in an interview is voluntary and I am free to withdraw at any time, without giving a reason and without my treatment or legal rights being affected.

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 even if I withdraw from the study, information already collected about me may be included in the final study analysis after being anonymised.

I agree to the interview being audio-recorded and understand that the recordings will be kept safe at the University of Birmingham and that everything I say will be kept confidential in accordance with the Data Protection Act 1998.

I understand that the transcription of the audio-recording will be done by a specialist transcription company, and will be handled in accordance with the Data Protection Act 1998.

I agree that quotes from the interview can be used anonymously in any publication of the research findings.

I understand that researchers for the MifeMiso Patient Satisfaction Interview Study 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 the information that I have been given about the MifeMiso Patient Satisfaction Interview Study and I agree to take part.

Name of Participant: _____ Date: _____ Signature: _____

Name of Researcher: _____ Date: _____ Signature: _____

Master copy for MifeMiso Trial Office, 1 copy for Participant, 1 copy for qualitative researcher