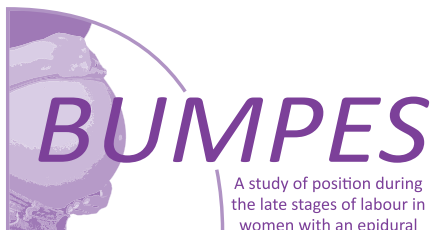


Hospital code:

Woman's study number:



## Consent form

Please complete in black ballpoint pen

**Hospital Name** \_\_\_\_\_

**Title of study:** BUMPES

**Formal Title:** A study of position during the late stages of labour in women with an epidural

**Name of Researcher:** Professor Peter Brocklehurst

Please  
initial box

1. I can confirm that I have read and understand the information leaflet (Version 6 dated March 2012) for the above study and have had the opportunity to ask questions which have been answered satisfactorily.
2. I understand that participation in this study is voluntary and that I am free to withdraw at any time, without giving any reason, without my or my baby's present or future medical care or legal rights being affected.
3. I understand that relevant sections of my and my baby's medical notes and data collected during the study may be looked at by individuals from the Sponsor, Funder, or from regulatory authorities. I give permission for these individuals to have access to these notes where it is relevant to taking part in this research.
4. I agree that personal identifying information will be collected, stored and used by the co-ordinating centre to enable follow-up of my and my baby's health status. This is on the understanding that any information will be treated confidentially.
5. I agree to take part in the above study, and agree to being sent questionnaires about my health and my baby's health 12 months from now.

Name of woman (please PRINT)

Name of person taking consent (please PRINT)

Signature

Signature

DD / MM / YY

DD / MM / YY

Please return the original signed form to the co-ordinating centre.

Please give one copy to the participant, file one copy in the participant medical notes and file one copy in the PI site file.



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