



Thyroid AntiBodies and LEvoThyroxine Study

Please
initial
boxes

Patient Consent Form

I confirm that I have read and understand the information sheet dated 26/3/2012 version 4.0 for the above study. I have had the opportunity to consider the information, ask questions and these have been answered satisfactorily.

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

I understand that my doctors will provide a copy of my consent form and personal information about my progress, in confidence, to the central organisers at Birmingham Clinical Trials Unit (BCTU) for use in the TABLET trial. I understand that the information held by the NHS may be used to keep in touch with me and follow up my pregnancy status.

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 relevant sections of my medical notes and data collected during the study may be looked at by individuals from the University of Birmingham, regulatory authorities or the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

I understand that researchers based at my hospital or at the BCTU may contact me by telephone, mobile telephone, post or e-mail to request information.

I understand that researchers may want information about my baby's development in the future. I understand I may be contacted in the future to give my consent for future studies, and that I may be traced through the NHS databases and GP records.

I agree to my GP being informed of my participation in the TABLET study.

I agree to provide blood samples as part of the TABLET Trial.

I agree to my anonymised serum samples being stored and analysed for research both within this study and in future related studies. Any such study on these samples would require Research Ethics Committee approval. *(BWH, Birmingham Heartlands, City and Sandwell, Coventry and Warwick Hosp. only).*

I understand what is involved in the TABLET Trial and agree to participate.

Name of Patient Date Signature

Name of Researcher Date Signature

Patient Study Number: (Please complete when patient is randomised)