Trial Number (if applica	ble):			
Qualitative Study ID:	UT	0 C		



UNiTY: A randomised controlled trial evaluating the clinical and cost effectiveness of IVF versus IUI for UNexplained infertiliTY

Participant Consent Form Qualitative Study (patients)

Please initial inside each box to provide your consent to participate in each part of the study.

1	I confirm that I have read and understand the qualitative participant information sheet (version 2.0 and date 17 January 2024) for the UNiTY trial. I confirm that I have had the opportunity to take time to consider my involvement in this qualitative study and I have had the chance to ask questions, all of which have been answered to my satisfaction.	
2	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.	
3	I understand that if I withdraw more than two weeks after my interview information already collected about me may be included in the final study after being anonymised.	
4	I understand that the information collected about me 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.	
5	I agree to the interview being audio-recorded and understand that the recordings will be kept securely by the University of Birmingham, and that everything I say will be kept confidential in accordance with the General Data Protection Regulations 2018.	

Emai	il of Translator: Master copy for Site File, 1 co	 py for Participants, 1 (copy for UNiTY QPE Office				
Name of Translator		Date	Signature				
For t	e of Person taking Consent he translator (if required): I confirm the bility and ensured the patient fully und for a large with the patient fully und for them	·	Signature red the study information to the best of any that has been given to them to				
	ner providing: Eggs	Date	Signature Sperm				
Nam	o of Participant	Data	Signature				
11	I understand the information that I I agree to take part.	have been given ab	pout the UNiTY interview and I				
10	Optional: I give permission for my an secondary analysis. <i>Please tick Yes of</i>	•	be used in future studies or for				
9	I give permission for authorised individuals (e.g. from the University of Birmingham, transcription services, regulatory authorities or from the NHS) to have access to data collected during this research.						
8	I agree that quotes from the interview can be used anonymously in any publication or presentation of the research findings.						
7	I understand that the transcription of the audio recording may be done by a specialist UK based transcription company. This company will sign a data sharing agreement and my data will be handled in accordance with the General Data Protection Regulations 2018.						
6	Data collected that identifies me by name (e.g. my consent form) will be transferred from where it is collected, and stored securely by the University of Birmingham Clinical Trials Unit. I agree to the transfer and storage of these data.						
Qua	litative Study ID:	С					
Trial	Number (if applicable):						