

## The WILL Trial







(When to Induce Labour to Limit risk in pregnancy hypertension) – a multicentre, randomised controlled trial)

Trust xxxxxxxxxxxxxxxxxxxxxxxx

Hospital Address
xxxxxxxxxxx

Dear Participant:

D.o.B.....Participant ID.....

Please find attached a copy of your Informed Consent Form for participation in the WILL Trial. This reflects our conversation today and my understanding of your agreement. Please let us know right away if there is anything on this form that does not fit with your understanding.

We will keep a copy of this Form and this email in your Participant File, and you should keep your copy as well.

As always, we are here to answer any questions that you may have.

Many thanks again for your participation in the WILL Trial.

Sincerely.

< Research Midwife >

**Name** 

**Position**