

CTG Study Consent Form



I have read the information letter about the CTG study. I understand that I can change my mind at any time about the permission I have provided below and that I do not need to give a reason for this. If I change my mind about participating in this study, I understand that this will not influence the quality of the care that I receive from my midwifery health care provider.

I give the researchers from the VU medical centre in Amsterdam permission to access my records from my midwifery clinic or hospital. Only the data that are relevant for the CTG study may be collected. Data that are collected for the CTG study may be coupled to one another.

- Consent**
 No consent*

*If you choose not to consent, would you please write below the reason as to why. Please note this is NOT a requirement; we only ask to complete this section if you are willing because it provides the researchers with useful information.

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I give the researchers from the VU medical centre in Amsterdam permission to contact me in the future for follow-up research. If I am contacted, I will receive sufficient time to decide whether or not I wish to participate in such a follow-up study.

- Consent**
 No consent

SIGNATURE

First and last name:

Birthdate: - -

Home postal code:

Current date: - -

Signature:

Name of midwifery practice responsible for your care:

Maiden name (if different from above):

E-mail address:

Telephone number:

You can place this consent form with the completed questionnaire in the enclosed envelope. Please seal the envelope and give it to the midwife.

If you underwent a CTG in a hospital and you are no longer under the care of your own midwife, you can send the questionnaire and consent form to the address below. Postage is NOT required.
VU medisch centrum, CTG studie locatie BS7-A505, Antwoordnummer 7700, 1000 SN Amsterdam