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## CONSENT FORM

### A REGISTER IN IRELAND TO DETERMINE THE SAFETY OF THE ANTI-EPILEPTIC DRUGS IN PREGNANCY

Prof. Norman Delanty, Consultant Neurologist, Department of Neurology/ Clinical Research Centre, Beaumont Hospital, Beaumont Road, Dublin 9.

**Please initial Box**

1. I confirm that I have read and understand the information sheet dated ..... for the above study and had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.
3. I understand that sections of my medical notes may be looked at by regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to access my records and those of my child.
4. I understand that my information obtained for the purpose of the Register may be looked at by health professionals who may have been involved in my care. I give permission for these individuals to access this information.
5. I understand that my information obtained for the purpose of the Register may be looked at by pharmaceutical companies and the U.K. Epilepsy and Pregnancy Register in a complete anonymised way. I give permission for these interested parties to access this anonymised information.
6. I understand that, in the future, I may receive information from the research team about other studies that may be relevant to me.
7. I agree to take part in the above study.

Name of Patient	Date	Signature

Name of Person taking consent (If different from researcher)	Date	Signature

Researcher	Date	Signature

1 for patient; 1 for researcher; 1 to be kept with hospital notes