



Freephone: 1800 320 820
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CONSENT FORM

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

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

1. I confirm that I have read and understand the information sheet dated for the above study and had the opportunity to ask questions. Yes No
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. Yes No
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. Yes No
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. Yes No
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. Yes No
6. I agree to take part in the above study. Yes No

_____	_____	_____
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

Version 4 December 2008