

Please return this copy of the consent form to WOW Health



Consent Form

I have read the Participant Information Form for the project Women on Women's Health (WOW), Version 2, dated 19th August 2009, and I understand the purposes, procedures and risks of this research project as described within.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described.

I understand that I will be given a signed copy of this document to keep.

I understand that the researcher has agreed not to reveal my identity and personal details if information about this project is published or presented in any public form.

If you are more than 2 weeks late returning your study packs, we will contact you to remind you to do so.

If you have BV detected at any stage during the study, we will need to contact you to arrange treatment. Please give us the following contact information:

Mobile or telephone number (this is essential)

Email address (important)

Postal address (this is essential)

Please circle your preferred method of contact Phone Email Post

I consent to receiving an SMS and/or email reminder monthly Yes No

I consent to the storage and use of vaginal swabs provided by me for use in further research for known or possible causes of BV and other infections relevant to research on BV and sexually transmitted infections Yes No

I would like to be sent via email or post a copy of the overall study findings at the end of the study Yes No

I would like to be informed of the results of any future research arising from my stored samples if they are relevant to my health Yes No

Participant's Name (printed)

Signature

Date

Declaration by researcher: I have given an explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Researcher's Name (printed).....

Signature

Date