



## Informed consent

-IRIS number-

*I am aware that I may change my mind about the decisions made below at any point, without giving any reason. Withdrawing my consent will in no way affect the quality of care that I am receiving from my midwife.*

### CONSENT

1. I give the researchers in the VU Medical Centre (Amsterdam) my consent to obtain my information from the midwifery practice, the ultrasound centre and the hospital, as well as to register information at and obtain information from the Netherlands Perinatal Registry (PRN)<sup>1</sup>. This will only be information that is relevant for the study. The information collected from various sources for the IRIS study are allowed to be linked.

Information about **you**

- Consent  
 No consent\*

Information about **your child** when he/she is born

- Consent  
 No consent\*

\*If you do not give consent, please state your reason below.

*You are NOT obliged to do this, but this information is very useful for the researchers.*

.....  
.....

2. I give the researchers of the VU Medical Centre (Amsterdam) my consent to approach me in the future about further research. If I am approached I will receive sufficient time to decide whether or not I will participate in further research.

- Consent  
 No consent

### SIGNING OF THE INFORMED CONSENT

Name: .....

Date of birth: ..... - ..... - .....

Signature: ..... Date: ..... - ..... - .....

**Fax 020-444 57 12 irisstudie@vumc.nl**

IRIS studie | VUmc | Locatie BS7-D440 | Postbus 7057 | 1007 MB Amsterdam | tel. 020-4441746



## Informed consent

-IRIS number-

Maiden name: .....

Postal code: ..... House number: .....

Email: .....

Telephone number: .....

Telephone number parents/partner/ or other close contacts\*\*:

Email parents/partner/ or other close contacts\*\*:

\*\*We ask you for this information in case your contact details change in the coming years.

Name midwife: ..... / Midwife practice stamp

Date: ..... - ..... - .....

Signature: .....

Only to be completed by an IRIS employee:

Toestemmingen zijn ingevoerd

Naam invoerder:

Datum: ..... - ..... - .....

**Instructie voor de verloskundige:** Nadat dit formulier, voorzien van **IRIS stickers**, volledig is ingevuld en ondertekend, kunt u dit **faxen** naar **020-444 57 12** of scannen en **mailen** naar **irisstudie@vumc.nl**. De originele versie kunt u in de bijgeleverde antwoortenveloppe terugsturen.

<sup>1</sup> The Perinatal Registry contains information recorded by midwives, general practitioners, obstetricians and paediatricians in order to improve the quality of care. For more information see [www.perinatreg.nl](http://www.perinatreg.nl).

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