

Participant's Study Identification Number: \_\_\_\_\_

**Consent for interviews with women about their experience of the VIP  
 (vaccination in pregnancy) intervention Part 2**

**Title: Vaccination in pregnancy (VIP) study**

**Chief investigator: Professor Asma Khalil and Professor Caroline Free**

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Participation Information Sheet or explanation provided, please ask the researcher before you decide whether to participate. You will be given a copy of this Consent Form to keep and refer to at any time.

***This section requires your consent for us to carry out the research with you. By initialling each box, you are consenting to this element of the study. It will be assumed that un-initialled boxes mean that you DO NOT consent to that part of the study, and you may be deemed ineligible for the study.***

	<b>Please Initial:</b>
I confirm that I have read and understood the participant information sheet dated _____ Version _____ for the above study. I have had the opportunity to consider the information and ask questions which have been answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time during the study without giving any reason and without being disadvantaged in any way.	
I understand that I will be able to withdraw my data up to one month after the interview date.	
I consent to the processing and storage of my personal information for the purposes explained to me and as detailed in the participant information sheet.	
I understand that the interview will be audio recorded and transcribed by an external organisation/company.	
I understand that I may be quoted directly in the reports of the research, but I will not be directly identified (i.e. that my name will not be used).	
I understand that relevant sections of my data collected during the study may be looked at by responsible researchers, including individuals from London School of Hygiene and Tropical Medicine, University of London (LSHTM) and/or St George's University Hospitals NHS Foundation Trust (SGHT) and/or other study collaborators that are external to the sponsor and/or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.	

REC Reference Number: 24/PR/1590

IRAS ID: 333314

I agree that the researchers can check my medical records/databases and/or contact me within four months of delivery to find out whether I had any vaccinations during my pregnancy.	
I understand that if I am providing verbal consent only (not written), it will be audio recorded and transcribed.	
I agree to take part in the above study.	

**If participant able to sign by wet signature or electronically:**

<b>Name of Participant providing consent:</b> <b>Signature of Participant providing consent:</b> <b>Date of Signature:</b>
<b>Name of Person receiving consent:</b> <b>Signature of Person receiving consent:</b> <b>Date of Signature:</b>

**If consent received verbally:**

<b>Name of Participant:</b>
<b>Name of Person receiving consent:</b> <b>Signature of Person receiving consent:</b> <b>Date of Signature:</b>