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**Informed Consent Form**

Study Number:

**ECHO – Effect of Copper on the Healing of Obstetric wounds**

Please sign the box with initials

1. I confirm that I have read and understood the information sheet, dated 21/09/2015, for the above study and have 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 and without my medical care or legal rights being affected.

3. I understand that sections of my medical notes may be looked at by responsible individuals in this study where it is relevant to my taking part in research. I give permission to these individuals to have access to my records.

4. I consent for my GP to be informed about my participation in this study.

5. I agree to take part in this study.

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Name of patient

Date

Signature

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Name of researcher

Date

Signature

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