# Observational study of peripheral skin temperature changes following spinal anaesthesia for category 4 lower segment caesarean section (LSCS)

## IRAS ID number: 263967

Informed Consent Form Version 5 Dated 06/05/2021

**INFORMED CONSENT FORM**

**Trial Title: Observational study of peripheral skin temperature changes following spinal anaesthesia for category 4 lower segment caesarean section (LSCS)**

**Principal Investigator:** Dr. Laura Kessack. **Participant Number:** _____

| If you agree with each sentence below, please initial the box | | **INITIALS** |
|---|---|---|
| 1 | I have read and understood the Participant Information Sheet version 4, dated 06/09/2020 for the above trial and I confirm that the trial procedures and information have been explained to me. I have had the opportunity to ask questions and I am satisfied with the answers and explanations provided. | |
| 2 | I understand that my participation in this trial is voluntary and that I am free to withdraw at any time, without giving a reason and without my medical care or legal rights being affected. | |
| 3 | I understand that personal information about me will be collected and used in accordance with this information sheet. This information will be kept in the strictest confidence and none of my personal data will be published. | |
| 4 | I understand that sections of my medical notes or information related directly to my participation in this trial may be looked at by responsible individuals from the sponsor, regulatory authorities and research personnel where it is relevant to my taking part in research and that they will keep my personal information confidential. I give permission for these individuals to have access to my records. | |
| 5 | I understand that the doctors in charge of this study may close the study, or stop my participation in it at any time without my consent. | |
| 6 | I understand that the information collected about me may be used to support other research in the future, and may be shared anonymously with other academic and commercial researchers external to the project within the UK and beyond. | |
| 7 | I have read and understood my responsibilities for the study. | |
| 8 | I agree to take part in the above study. | |

| _____ | _____ | _____ |
|---|---|---|
| Name of patient | Signature | Date |
| _____ | _____ | _____ |
| Name of person taking consent | Signature | Date |

Time of Consent (24hr clock) _____:_____

1 copy for the patient, 1 copy for the trial team, 1 copy to be retained in the hospital notes.