Instituto de Investigación Sanitaria La Fe

NFORMED CONSENT

Study title:

Evaluation of the Efficacy of Chlorhexidine Use During the First Trimester as a Regulator of Vaginal Microbiota in Reducing Preterm Birth

I, (name and surname).
-I have read the information sheet given to me.
-I have been able to ask questions about the study.
-I have received sufficient information about the study.
-I have spoken to: (Dr. Morales Roselló, Dr. Loscalzo).
-I understand that my participation is voluntary.
-I will receive a signed and dated copy of this informed consent document.

I understand that I can withdraw from the study:
-1º Whenever I want
-2º Without having to give explanations.
-3º Without any repercussions on my medical care.

I freely give my agreement to participate in the study.

Participant's Signature
Name: _____
Date: ____/____/____

Researcher's signature
Name: ***Dr.José Morales Roselló***
Date: ____/____/____

I wish to be informed of information derived from the research that may be relevant to my health:
☐ **YES** ☐ **NO**