**Consent Form**

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| **Title** | The use of vaginal pessaries for women with symptomatic pelvic organ prolapse in low-income countries |
| **Short Title** | Use of vaginal pessaries for prolapse |
| **Protocol Number** |  |
| **Coordinating Principal Investigator/ Principal Investigator** | Professor Judith Goh AO; Dr Hannah Krause AO |
| **Location** *(where CPI/PI will recruit)* | Kagando Hospital, Uganda. Central Women’s Hospital Yangon. Bangladesh hospital |

1. I, the undersigned .......................................................... hereby consent to my involvement in the above study.

2. This study will be a study on the use of vaginal pessary to treat the vaginal prolapse. We will be asking about the use of pessary, whether it is assisting you with your symptoms and your self-management of the pessary.

3. I acknowledge that the nature, purpose and contemplated effects of the study so far as it affects me have been fully explained to me by the research worker and my consent is given voluntarily. I have also read and understand the Patient Information Sheet.

4. Although I understand that the purpose of this research project is to improve the quality of medical care, it has also been explained that my involvement may not be of any benefit to me.

5. I have been given the opportunity to have a member of my family or a friend present while the study was explained to me.

6. I am informed that no information regarding my medical history will be divulged and the results of any tests involving me will not be published so as to reveal my identity.

7. I understand that my involvement in the study will not affect my relationship with my medical advisers in their management of my health. I also understand that I am free to withdraw from the study at any stage without my future treatment being affected.

9. I give permission for the release of information regarding progress in this study to the study centre, on the understanding that while the study centre will keep confidential results under my name, no published study will identify me in any way.

10. I authorise the Hospital to allow access to relevant medical records to the investigators from Australia.l

11. I have been told that this study has been approved by the Greenslopes Research and Ethics Committee.

**Signed .................................................. Date ......................................**

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