



Chief Investigator: Professor Tim Coleman





CONSENT FORM (Final Version 2.1 12.09.22)

Title of Study: Smoking, Nicotine and Pregnancy 2 Trial (SNAP 2)

Site Number:

Principal Investigator: Participant Name:		_	ID: 21/LO/0123 ID: 287771		
Participant Number:				Please	initial box
1.	I confirm that I have read and under 12.09.22 for the above study and ha			er 2.1	
2.	I understand that my participation is giving any reason, and without my n should I withdraw then the information may still be used in the project analy	nedical care or legal rig on collected so far can	ghts being affected. I understand	that	
3.	I understand that relevant sections of looked at by authorised individuals f (University of East Anglia and University of East	from the University of Nersity of York) and reguermission for these indonoonobtained from my p	Nottingham, the research group llatory authorities where it is rele ividuals, where it is relevant, to c	vant to	
4.	I understand and agree that breath samples and/or saliva samples will be requested to measure my carbon monoxide and nicotine levels.				
5.	. I agree to being followed-up by the research team during the study by telephone/video call, text, email, post, or face-to-face appointments.				
6.	I agree to my GP and hospital where I will deliver my baby being informed of my participation in this study, and to my GP being asked to provide information if there are any reasons that I should not take part.				
7.	I agree to my mobile phone number being used in this study and consent to it being passed to the University of Cambridge and their nominated text carrier (FastSMS), and/or a different text carrier (Esendex), so that I can receive study related text messages. I understand that my mobile number will only be used for this study.				
8.	 I understand that my anonymised data collected in the study may be used to support other research in the future and may be shared with other researchers. 				
9.	 (Not essential to study participation) I agree to have my contact details kept after the end of the study (for a maximum of 3 years) so that I can be contacted about the findings of the study and informed of follow-up studies. 				Yes No
10. (Not essential to study participation) I agree that the stop smoking consultation I receive can be audio recorded and that anonymous quotes from the consultation may be used in study reports.				Yes No	
11. I agree to take part in the above study.					
Name of Participant		Date	Signature		
Name of Person Taking Consent		Date	Signature		

Smoking, Nicotine and Pregnancy 2 Trial Consent form Final Version 2.1 Date 12.09.22

3 copies: 1 for participant, 1 for the project notes and 1 for the medical notes