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CONSENT FORM

Participant ID \_\_\_\_\_

<b>Title of Project:</b>	EUthyroid2 – The next step towards the elimination of iodine deficiency and preventable iodine-related disorders in Europe: Targeting young women (18-24 years)
<b>Chief Investigator:</b>	Professor Jayne Woodside
<b>Study Number:</b>	

Please initial box

1. I confirm that I have read, or had read to me, and understand the information sheet dated 11/11/2024, version 3 for the above study. I have had the opportunity to ask questions and these have been answered fully.
2. I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason. I can withdraw my data until 31st December 2025 when the questionnaire data will be analysed.
3. I understand the study is being conducted by researchers from Queen's University Belfast and that my personal information will be held securely on University premises and handled in compliance with relevant data protection legislation.
4. I understand that data collected as part of this study will be processed by authorised individuals from Queen's University Belfast and University Medicine Greifswald where it is relevant to my taking part in this research.
5. I agree to take part in the above study inclusive of all the procedures mentioned in the participant information sheet.
6. I understand that the information I provide may be published as a report. Confidentiality and anonymity will be maintained and it will not be possible to identify me from any publications.
7. I understand that if I withdraw (or lose capacity to consent) during the trial, I agree that data already taken can be retained.

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8 **Optional:** I agree to take part in the process evaluation interview and I understand that interviews will be digitally recorded and transcribed verbatim and there is a possibility of direct quotation being used in publications, but no identifiable information.

9. **Optional:** I agree to being contacted at a later date and invited to take part in future studies of a similar nature. I understand that I am only agreeing to receive information and I am under no obligation to take part in any future studies.

\*If you decide not to consent to being contacted in the future it will not have any influence on your involvement in this particular research study.

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person Taking Consent  
(please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Chief Investigator or Researcher Contact details:**

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