**Attachment A: Informed Consent Form for Pregnant and New Mother Oral Health Focus Groups**

**Informed Consent Form**

|  |  |
| --- | --- |
| **Identification of Project** | **Health Issues Research** |
| **Statement of Age of Subject** | I state that I am at least 18 years of age, in good physical health, and wish to participate in a program of research being conducted by Salter>Mitchell in office at [INSERT LOCATION]:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **Purpose** | The purpose of this research is to understand health issues facing women who are pregnant or have young children. |
| **Procedures** | Study participants will participate in a group discussion that will last approximately 90 minutes. |
| **Risks** | I understand that the risks of my participation are expected to be minimal in nature. |
| **Benefits, Freedom to Withdraw, & Ability to Ask Questions** | I understand that this study is not designed to help me personally but that the investigators hope to use the research findings in order to develop procedures and communications that may benefit people like me more broadly. I am free to ask questions or withdraw from participation at any time and without penalty. |
| **Contact Information of Investigators** | Name: Robert Bailey  Position: Research Director, Salter>Mitchell  Telephone: 703.683.2240  Email: Robert.bailey@saltermitchell.com |

Printed Name of Research Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Research Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_