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| **Consent report** | SWISS HIV COHORT STUDY (MoCHiV) | Page 1/1  V2 [05/17] |  | SHCS number mother |

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| **Informed Consent:** Please confirm that you have informed the pregnant woman/ mother about the methods and aims of the ‘Mother and Child Cohort Study’ and that **she has signed the corresponding informed consent.**  **The consent has to be kept in the patient chart!** | | | | | |
|  | **Date** the woman has signed (dd/mm/yyyy) |  | | |  |
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|  | **Stamp/ contact details** |  |  |  | | |
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| **(Estimated) date of birth** (dd/mm/yy) |  |