

Appendix S1: Informed Consent Form

INFORMED CONSENT FORM

IRB approval number -----

This approval will lapse on -----

TITLE OF RESEARCH: Biochemical and gene expression studies on uterine fibroid patients at Ibadan, Oyo-State Nigeria.

This study is being conducted by:

- ✓ Mrs Mary Abiola Okesola, Prof Israel Afolabi, Prof Olubanke Ogunlana (Department of Biochemistry, Covenant University, Ota)
- ✓ Dr Folasade Adenike Bello (Department of Obstetrics and Gynaecology, University College Hospital, Ibadan), Dr Adewale Lasisi (Adeoyo Maternity Hospital, Ibadan)

Phone Number: 08033066840

This study aims to determine women with fibroid's biochemical and molecular characteristics compared to women without the condition in Ibadan Oyo-State, Nigeria.

In this study, you will answer some questions concerning your personal and lifestyle information. We will measure your weight, height and collect your blood, excised fibroid tissue removed at the surgery will also be taken. A copy of your ultrasound scan will also be obtained, and if you haven't done one, it will be done for you at no cost. Our research staff will contact you only once throughout the study period. In total, we expect to interview 190 respondents in Ibadan.

You will be expected to be involved in this research for 45mins to 1 hour. The interview questions will be asked as sensitively as possible to avoid upsetting you, and the samples will be collected with as little discomfort as possible. Your participation in this research will not cost you anything, but if we discover any sign of gynaecological or other conditions, you will benefit from referral to an appropriate specialist. All information collected in this study will be given code numbers, and no names will be recorded. The information you provided cannot be linked to you, and the identifier will not be used in any publication or reports from this study.

Your participation in this research is entirely voluntary, and if you choose not to participate, it will not affect the services you receive in this establishment in any way. You can also choose to withdraw from the research at any time. Please note that some of the information that has been obtained about you before you withdraw may have been modified or used in reports and publications. This cannot be removed anymore, but the researcher promises to make a reasonable faith effort to comply with your wishes as much as is practicable. During the study, you will be informed about any information that may affect your continued participation or your health.

I have fully explained this research to ----- and have given sufficient information, including about risks and benefits, to make an informed decision.

Date ----- Signature-----

Name-----

I have thoroughly read the description of the research or have had it translated into a language I understand. I have also talked it over with the doctor to my satisfaction. I know that my participation is voluntary. I know enough about the purpose, methods, risks and benefits of the research study to judge that I want to participate. I have received a copy of the consent form to keep for myself.

Date ----- Signature-----

Name -----

Witness' signature-----

Witness' name-----

This research has been approved by the Ethics Committee of the University of Ibadan and the Chairman of this committee can be contacted at Biode Building, Room T10, 2nd floor, Institute for Advanced Medical Research and Training, College of Medicine, University of Ibadan, Telephone: 08032397993, e-mail: uiuchirc@yahoo.com. In addition, if you have any question about your participation in this research, you can contact the local co-investigator, Dr Bello at the department of Obstetrics and Gynaecology, University College Hospital, Ibadan, Telephone: 08186720672, e-mail: nikeoluyemi@yahoo.com