**APPENDIX 1: Loan agreement template for hospitals**

**Loan and Data collection agreement for blood pressure monitor**

**Blood pressure monitor asset number: .............................................................**

**(Essential for tracking if device malfunctions)**

**Cuff size:**

Name:

Identifier number:

Address:

**Declaration: (please initial all boxes)**

I accept responsibility for the above equipment and understand I have been asked to monitor my blood pressure through pregnancy and (if postnatally) after my baby is born.

I understand how use the equipment and how to read and interpret my blood pressure readings, using the guidance provided.

I agree to seek advice from the hypertension clinic if my blood pressure reading is out with the levels set within the guidance provided.

I will return the blood pressure monitor as requested.

If the blood pressure monitor stops working or becomes damaged, lost or stolen, I understand that I must report this to the Maternity Unit on the below number and that I am not responsible for the cost of replacement or repair.

I give permission for my clinical data to be used to evaluate the home blood pressure monitoring service.

Name

Hospital number

Date of birth

Signature of agreement to conditions (dated):

Staff name:

Staff signature (dated):

**Maternity team contact:**

**Telephone:**

**Please copy and give one copy to the woman, place one in notes (if paper based or document in electronic record) and retain one copy in the Service folder. This should be available in the event of a safety recall.**