

**SURVIVOR HOUSEHOLD TRANSMISSION STUDY
PARTICIPANT CONSENT FORM**

I understand that if I agree to participate in this study, the following will happen:

- I will indicate my agreement at the end of this form
- I will be asked questions about my/my child's background and health, and exposure to Ebola
- *[survivors only]* I understand that the research team will access the medical records from when I/my child had Ebola and from the survivor's clinic
- I/ my child will be asked to provide a saliva sample that will be tested for antibodies to Ebola
- I understand that I can refuse to participate in the study or in parts of the study without giving any reason
- I understand that I/my child can take part in the study but choose not to have my/my child's saliva samples stored
- I will not receive any payment for my/my child's participation in this study

Confirmation

- I confirm that I have understood the information for this study. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate/for my child to participate in this study.
- I understand that the lead researcher or any researcher as part of this study, will not identify me/my child by name in any manner, and in any reports using information obtained from this interview, and that my/my child's confidentiality as a participant in this study will remain secure
- I understand that I can leave the study at any time
- I give permission for my/my child's saliva to be collected: YES NO (circle one)
- I give permission for my saliva to be stored for further tests: YES NO (circle one)
- *[Survivors only]* I give permission for researchers to contact me again for more in depth questions: YES NO (circle one)

Print name: _____

Child's name (if on behalf of child): _____

Signature or thumb print: _____

Date _____

Signature of child for assent (age 12+): _____

Name of person taking consent: _____

Signature of person taking consent: _____ Date _____