Zimbabwe Study for Enhancing Testing and Improving Treatment of HIV in Children: ZENITH Project

PREVALENCE SURVEY

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We would like to ask for your help in understanding diseases in children. We would like to find out if a disease called HIV is a problem in children. We will ask 7500 children who live in Harare to help us and you have been chosen to take part. You have been chosen by chance and not because we think you have this disease. We are really thankful for your help and your taking part may help other children.

If you agree, we will ask you your age and ask you to give a sample of fluid from your mouth. This is not painful or uncomfortable and it takes less than a minute to give us the sample. We would also like to ask you to give us a sample of blood or urine. This will be used to confirm the results of the mouth sample. You can decide whether you prefer to give a blood or a urine sample. If you choose to give a blood sample we will take a small fingerprick, which may occasionally cause discomfort or a small bruise as with any other blood test. The sample you give us will help us find out how common HIV is in children. No one will be able to find out your test result.

You do not have to take part if you do not want to. You may choose to have the test from the mouth but not have the blood or urine test. At any point, if you change your mind about taking part, just let us know and we will not take any samples from you. You must not feel that you have to take part. No one will be upset with you if you choose to say no.

Before you say yes, please ask as many questions as you want about anything that is not clear to you. You may take as much time as you want to decide whether you want to take part.

Name of Participant (Print) __________________________________ Date ________________

Thumb mark of Participant ________________________________

Signature of Research staff ________________________________ Date ________________

If the participant gave verbal assent, enter the name of person who witnessed the assent here, and signature:

Witness Name: ________________________________ Witness Signature: ________________________________

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Form ZE3_C01b
English: PREVALENCE SURVEY 8-12yrs