Title: Investigating interventions to increase uptake of HIV testing and linkage into care or prevention for male partners of pregnant women in antenatal clinics in urban Blantyre, Malawi: an adaptive Phase II multi-arm multi-stage cluster randomised trial

Principal Investigator: Mr. Augustine Choko

[Introduction text]

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PQ24a: Participant Information and Consent Form for Trial Participants in the Self-Test Kits + a Low Financial Incentive Arm v1.0; 31st March 2016

Malawi-Liverpool-Wellcome Trust
Clinical Research Programme
P.O.Box 30096, Chichiri, Blantyre 3,
Malawi.
Tel. +265 1 876444 Fax +265 1 875774

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All personal information collected in this study will be kept strictly confidential. I will not share the information you provide with anyone who is not part of this research. But it may be shared with fellow researchers and may also be published through meetings or journals in a manner that does not reveal your identity. Before sharing in this manner, the information from you will be combined with that from other research participants. Information which could identify you or anyone related to you will never be released. This also means that names of study participants, including your own will not be included when sharing the data. Data collection equipment and the data collected will be kept with identifiers, locked, and only accessible to people that have authorised access.

Risks
You may be uncomfortable with some of the questions that I will ask. You are perfectly entitled to refuse to discuss issues that you do not want to.

Benefits
There are no direct benefits to you in your taking part in this study. However, what we learn from this study would help develop ways of successfully reaching out to male partners, offer them an HIV test and link them to appropriate follow-on services. It would thus help us inform health authorities in the Ministry of Health regarding which interventions truly hold potential to reduce the problem of low uptake of testing and linkage among male partners of pregnant women.

Compensation
You will not receive payment for participating in the study. You will however, be offered a small compensation for your time amounting to MWK1,000.

Contact details
This research has been approved by the College of Medicine Research Ethics Committee (COMREC) and the London School of Hygiene and Tropical Medicine Research Ethics Committee. If you have any questions regarding your rights as a research participant, or concerns on how you have been treated in the study, please feel free to contact Mr. Augustine Choko [+265 (0) 999 577 452] or [augutc@gmail.com]. If you have any questions regarding your rights as a research participant, or concerns on how you have been treated in the study, please feel free to contact COMREC Secretariat, College of Medicine, Private Bag 360, Chichiri, Blantyre 3 or call on 01871911 ext 334.
**Consent Declaration**

If you agree to voluntarily participate in the study, please sign or write your initial or your thumb print below to show that you understand the information above and that your consent is given voluntarily.

1. I have received and read or had read to me the information sheet provided by the Researcher that explains in detail the reasons for the study.
2. I have understood the purpose of the research.
3. I have asked all the questions that I have about the purpose of the research and feel that I have enough information about it.
4. I understand the reasons for this study.
5. I am willing to take part in the study.
6. I understand what I will be required to do if I participate in the study.
7. I know that I have the right to leave the study at any time or to refuse to answer any questions.
8. If I do not agree to take part in this study I understand that I will not be penalized for doing so by the researcher nor by any medical service providers in the future.
9. **I voluntarily agree to take part in this study**

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Signature/thumb print of participant          Date

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Signature of person obtaining consent        Date

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

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Name of Witness (BLOCK CAPITALS)             Date         Signature or thumb print