

Informed Consent Form**Date:****Study Title:** The burden of fever caused by scrub typhus in the community**Study Number:****Subject's Name:****Date of Birth:****Age:****Sex: M/F**

- (i) I confirm that I have read and understood the information sheet dated _____ for the above study and have had the opportunity to ask questions.
- (ii) I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.
- (iii) I understand that the investigator of this study, others working in the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published.
- (iv) I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s).
- (v) I agree to take part in the above study.
- (vi) I also permit the use of the samples collected as part of this study to be used in the future for evaluating new tests for detecting the cause of fever as and when these new tests become available.

Signature of the subject/legally acceptable representative:

Date:

Signatory's Name:

or Thumb impression of subject/ legally acceptable representative

Space for signature/thumb impression

Date:

Signature of the Investigator:

Date:

Study Investigator's Name:

Signature of the Witness:

Date:

Name & Address of the Witness: