

**A CASE CONTROL STUDY OF FACTORS INFLUENCING CARE SEEKING FOR MALARIA IN CHEMICAL SHOPS INVOLVED IN THE DANGME WEST CLUSTER RANDOMIZED TRIAL OFVRAPID DIAGNOSTIC TESTS FOR MALARIA (Dangme CommRDT Study)**

**Information Sheet and Consent Form for Cases of Fever from Health Facilities**

The Ghana Health Service is interested in improving the quality of care at the community level in Ghana. This includes improving how fever is diagnosed and treated in our health facilities and chemical shops. To find this out, we are carrying out a study which will interview clients who visit any of these sources of care with a complaint of fever.

If you agree to participate in this study, we will perform a test for malaria for you, the result of which will be made available to the clinician for use in your management. This will mean taking blood sample by finger prick. In the process of collecting the blood sample from the finger tip, you/your child may experience mild discomfort. This does not represent a health risk. These tests will not cost you any money.

Your participation is completely voluntary. If you do not want you/your ward to participate in this study, you will receive treatment as usual in this health facility. We will not treat you differently whether you are in the study or not. Participation in this study will not cost you or your family anything extra though you will have to buy your drugs as usual. You may refuse to answer any question or withdraw from the study at any time and for any reason without it affecting your subsequent treatment at this health facility.

We will take down your home address on exit, in addition to other information on your management at this health facility and some details about you. You may be contacted later on for a brief interaction. We do hope you will be able to participate in order to share your very valuable experience and perceptions with us.

Any information obtained as a result of your participation will be treated as confidential and used only by the investigators and the Ghana Health Service.

Do you have any questions about the study?

The contact address for the Principal Investigator, Dr. Evelyn Ansah is as follows:

**Dangme West District Health Directorate / Research Centre  
P. O. Box DD1  
Dodowa  
Tel. 0244669893 / 0206301662**

**Consent Form**

I have been adequately informed of the purpose of this study, procedures, potential risks, benefits and consequences.

I also understand that if I agree to participate in this study a small amount of blood will be taken by finger prick to make blood smears in order to check for malaria parasites.

I understand that I am at liberty to withdraw consent for my/ my child's participation any time in the course of the study. I understand that the information obtained as a result of my participation will be treated as confidential and used only by the investigators and the Ghana Health Service.

The investigators have answered all my concerns.

**Paste sticker here:**

**Patient/Accompanying Adult Name:** \_\_\_\_\_

**Signature/Thumb-print:** \_\_\_\_\_ **Date** //

**Name of Witness:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** //

I have adequately informed the client/parents or legal guardians of the child/ren the purpose of this study, its procedures, risks, benefits and consequences. I have answered the clients'/ parents' questions regarding the study conduct and explained their concerns about their / their ward's participation in the study. I will be available to continue doing so in the course of the study if the need arise.

**Name of Principal Investigator or Deputy:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** //