

Consent Form

Validation of home-based cervical and vaginal self-sampling for the diagnosis of Female Genital Schistosomiasis (FGS) in Zambian women with and without HIV seroconversion.

Statement	Please initial or thumbprint* each box
<p>I confirm that I have read the information sheet dated.....(version.....) for the above named study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.</p> <p>OR</p> <p>I have had the information explained to by study personnel in a language that I understand. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.</p>	
<p>I understand that my participation 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.</p>	
<p>I understand that relevant sections of my medical notes and data collected during the study may be looked at by authorised individuals from the BILHIV study, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.</p>	
<p>I understand that data about/from me/the participant may be shared via a public data repository or by sharing directly with other researchers, and that I will not be identifiable from this information.</p>	
<p>I understand that the tissue sample collected from me/the participant will be used to support other research in the future, and may be shared anonymously with other researchers, for their ethically-approved projects.</p>	

I agree to take part in the above named study	
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Printed name of participant

Participant signature or thumbprint

Date

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Printed name of impartial witness*

Signature or thumbprint of impartial witness*

Date

I attest that I have explained the study information accurately in _____ to, and was understood to the best of my knowledge by, the participant and that he/she has freely given their consent to participate* in the presence of the above named impartial witness (where applicable).

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Printed name of person obtaining consent

Signature of person obtaining consent

Date