

**PARTICIPANT CONSENT/ASSENT FORM:**

Participant ID Number:

	Please circle Yes or No	
<b>CONFIRMATION</b>		
• I understand that my participation in this study is voluntary and that I can stop taking part without giving any reason	Yes	No
• I understand that my medical care and rights will not be affected if I refuse to take part or stop taking part in this study at any time	Yes	No
• I understand that to participate in this study I will be asked to provide an oral fluid sample and a blood sample which will be tested in this country	Yes	No
• I understand that I will be asked questions about my background and health as part of this study	Yes	No
• I understand that my samples, including genetic material, may be stored and used in other research projects in the future, and may be shared in the future with other researchers for their ethically approved projects	Yes	No
• I understand that as a participant in this study, I will receive a single payment for any time, inconvenience and any transport costs incurred related to participation in this study	Yes	No
<b>CONSENT</b>		
• I confirm I have read the information sheet, or that it has been explained to me. I understand the information. I have had the opportunity to ask questions about the study and have been answered satisfactorily	Yes	No
• I understand and give permission for authorised members of the research team to have access to information from my medical notes at Kenema Government Hospital Lassa Unit where it is relevant to this research	Yes	No
• I understand and give permission for my information collected during this study to be analysed, reported and shared with other researchers within and outside the country. My name will not be used and I will not be identifiable from this information.	Yes	No
• I agree to take part in the above named study	Yes	No
<b>FUTURE STUDIES</b>		
• I give permission for my samples, including genetic material, to be used and analysed in future research projects, if necessary in another country, with ethical approval	Yes	No
• I give permission for researchers to contact me again to invite me to participate in future studies.	Yes	No

<b>Printed name of participant</b>	<b>Signature of participant (assent if child &gt;12)</b>	<b>Date: dd-mmm-yyyy</b>
<b>Printed name of parent/guardian for child &lt;16y</b>	<b>Signature of parent/guardian for child &lt;16y</b>	<b>Date: dd-mmm-yyyy</b>
<b>Printed name of impartial witness*</b>	<b>Signature of impartial witness*</b>	<b>Date: dd-mmm-yyyy</b>

**\*Witnessed consent (if the consenting person cannot read the form)**

*I confirm that I have no interest or involvement in this research study, that the information about this research was accurately read and explained to the patient in language they can understand, and that informed consent was freely given by the participant*

<b>Printed name of person obtaining consent</b>	<b>Signature of person obtaining consent</b>	<b>Date: dd-mmm-yyyy</b>

**ASSENT FORM: CHILDREN > 12 years**

**With children aged > 12 years, ask the following questions before asking them to sign the consent/assent. Assent does not replace the consent of the parent or guardian but is in addition.**

	Please <u>circle</u> all you agree with:	
Have you read (or had read to you) information about this project?	Yes	No
Has somebody else explained this project to you?	Yes	No
Do you understand what this project is about?	Yes	No
Have you had any questions answered in a way you understand?	Yes	No
Do you understand that it is ok to stop taking part at any time?	Yes	No
Are you happy to take part?	Yes	No

**If you would like to take part in this project, please write your name and today's date:**

Your name	Date