

PARTICIPANT CONSENT FORM: Adult (>16 years) (v. 13.12.17)

I understand that when I sign my agreement at the end of this form, the following will happen:

- I will be asked questions about my background and health
- The research team and authorised individuals from the health authorities will collect information from my medical records
- I will be asked to provide blood samples and a throat swab which will be tested in this country or in another country to find out what is causing the outbreak
- The information collected during the study will be analysed, reported and shared with other researchers within and outside the country. My name will not be used, and I will not be identified.
- I will not receive any payment for participation in this study

Confirmation

- I confirm that I have read the information sheet, or that it has been explained to me. I understand the information and have had the opportunity to ask questions about the study
- I understand that participation is voluntary and that I can stop taking part without giving any reason
- I understand that my medical care and rights will not be affected if I refuse to take part or stop taking part at any time.
- I give permission for my samples to be taken to another country to be analysed YES NO
- I give permission for genetic materials from my samples to be analysed YES NO
- I give permission for my samples, including genetic material, to be stored and used in research in the future, if necessary in another country, with ethical approval YES NO
- I give permission for researchers to contact me for follow-up at 30 days and again if necessary to invite me to participate in future studies. YES NO

Participant ID Number (PIN)

Date:

Patient	Name	Signature/fingerprint

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 concerning this research was accurately read and explained to the patient in language they can understand, and that informed consent was freely given by the patient

Witness	Name	Signature/fingerprint

Person taking consent

Person taking consent	Name	Signature/fingerprint