

Document version: 2.0
Document date: 03/09/18

Informed Consent Form:

Understanding the variability in the adoption of rapid point-of-care test for acute childhood infections in Europe

Research Team Contact Information:

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Please initial each of the following statements:

Statement	Initials
I confirm that I have read the participant information sheet dated _____ (version _____) about the study.	
I have been given the opportunity to ask questions, and a reply was given for all the questions to my satisfaction.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.	
I have been informed that anything I say during the interview today will remain completely confidential: my name will not be used nor any other information that could be used to identify me.	
I agree the responses I provide during the interview may be directly quoted in published documents but that these quotations will be made anonymous.	
I consent for the interview to be audio-recorded.	
I agree the anonymized data collected in this study is kept by the London School of Hygiene and Tropical Medicine for 10 years.	
I agree that the anonymized data collected in this study is used for future research by the research team and other research teams.	
I agree to take part in the study.	

Participant's Signature: _____

Date: _____

Participant's Name (Printed): _____

Researcher's Signature: _____

Date: _____

Researcher's Name (Printed): _____

A copy of this document has been provided to the participant