

Consent Form

Infectious disease surveillance for refugees in Lebanon: an Organizational and Policy Analysis of the Lebanese Epidemiological Surveillance Unit

Please tick the appropriate boxes			
1.	I confirm that I have read and I understood the information sheet dated DD/MM/YYYY		
2.	I have had the opportunity to have my questions fully answered about the research project		out the research project
3.	I know that my participation is voluntary and that I am free to withdraw at any time from the interview, without providing reasons for my withdrawal		draw at any time from
4.	I agree to take part in this research project.		
5.	I agree to being audio-recorded for this interview.		
6.	I understand that my identifying information and personal details will not be revealed to people outside the research team.		rill not be revealed to
7.	I agree to be anonymously quoted in research outputs and publications		
8.	I agree to my transcript being anonymously archived in the LSHTM data repository in accordance with LSHTM data management policies and the UK Data Protection Act.		• • •
9.	I agree to have my name listed in the acknowledgement section of any future publication		
_	Participant's Name	Date	Signature
	r articipant 3 rtaine	Dute	o.g.iatare
	Researcher's Name	Date	Signature
If y	ou have any questions regarding th	is research project, please contact:	
	Majd Saleh, DrPH student	[Contact email]	
	Dr Natasha Howard	[Contact email]	

If you have any complaints regarding the conduct of this research project, please contact:

[Contact email]

Dr Nada Ghosn

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This research project has been approved by the London School of Hygiene & Tropical Medicine's Research Ethics Committee and the Lebanese Ministry of Public Health