# Picture1.png C:\Users\ATC 06\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PharmAccess2009.jpg

**Patient Information Sheet for IPC observation.**

Hello, my name is ............................... and I work at the Ifakara Health Institute, which is an organisation that conducts research to learn about illness and improving health in Tanzania.

Today we are visiting this health facility to learn more about the care provided to outpatients as part of a research project. We would like to observe the services you receive today in the consultation room, in the laboratory and in the injection and dressing room(s). We won’t interfere in any way with your treatment, and your name will not be used in any report from this research.

It’s your choice whether you participate in this research. You won’t be paid. You can choose to stop participating at any time. If there is any part of the consultation or examination that you would not like us to observe, please say so, and we will step outside.

Do you understand? Do you have any questions?

Do you agree for us to do observation?

I certify that I have explained this study to the patient/caretaker and that s/he understands the nature and purpose of the study and consents to participate. S/he has been given an opportunity to ask questions which have been answered satisfactorily.

**Researcher to complete**

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person giving information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person giving information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of patient/caretaker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If the child is the one who is sick)*

Name of the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_