

Appendix 1B: Consent forms

A longitudinal cohort study to investigate the natural history and transmission of ocular C. trachomatis in West Arsi Zone, Ethiopia.

Note: Household consent to participate in the ocular and non-ocular swab collection and fly studies. Each household resident should complete this form. The primary care giver of any individuals under the age of 18 should complete this form on their behalf.

Participant's Agreement:

I have read/been read the information provided above and I have understood it. I have asked all the questions I have at this time. I understand that it is my right to withdraw from the study at any time without it affecting me or my family. I understand that these conditions also apply to any children or dependents for whom I give consent to participate in the study. I understand that all data collected (text, photo, video) including swab sample collected from me will be stored and analysed at LSHTM, UK, and used to support other research in the future, and may be shared anonymously with other researchers, for their ethically-approved projects.

I voluntarily agree to participate in this research study (tick one box). [I can withdraw from any part of the study at any time, for any reason. If I do agree, I am still free to withdraw participation at any time without any consequences to me or my family; I understand that should I withdraw from the study, I will continue to obtain the regular benefits of any health care services I normally get at the clinic.](#)

Yes No

I give permission for researchers to visit my household. I give my consent for all household members below the age of 18 years and for whom I am the parent or guardian to participate in the study (tick one box).

Yes No Not Applicable

I give permission for observations or things that I say during interviews or group discussions to be reported anonymously to communicate the findings of this research in reports or presentations, to analyse this research and for teaching purposes. I understand that data (text, photo) collected during the study will be stored both in Ethiopia study office and LSHTM, UK, and may be looked at by authorised individuals from the London School of Hygiene and Tropical Medicine, Fred Hollows Foundation, and other regulatory and ethics authorities in Ethiopia and from the UK. I give permission for these individuals to have access to my records.

Yes No

I give permission for anonymised data from this study (no names or other identifiers) to be made available to the public via a data repository (tick one box).

Yes No

I give permission for my anonymized data, including laboratory samples collected to be stored and analysed in Ethiopia as well as the LSHTM, London, UK as per the information given in information sheet. I give permission for my data to be reported anonymously to communicate the findings of this research, to analyse this research, and for teaching purposes. I understand that all data (text, photo) and samples collected in this study could potentially be seen by researchers and students in the UK and beyond, and by health professionals and decision-makers in Ethiopia/UK and beyond.

Yes No

I understood that photos may be taken of any member of my household to document the research, and that these will be stored securely at the research office in Ethiopia and at LSHTM, London UK.

Yes No

I understand that this research is designed to benefit society by contributing new knowledge which will help shape future health programs. We will not provide any individual results to you from the samples that we are taking from you. You may, however, receive no direct benefit from the study. As part of the assessment we will examine your eyes and if any significant problems are identified we will arrange for you to be referred for help.

Yes No

I give permission for ANONYMISED text and swab results collected from me and any member of my household to be used in the following ways:	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
As part of this study report		
In publications, presentations, campaigns and teachings by Mr. Oumer Shafi Abdurahman and his colleagues at LSHTM or affiliated partners and donors		
On the LSHTM website or in other media about this study		
As part of a public data repository		

Signature / Thumbprint of Research Participant(s) over 18

Name

Date

Signature of Researcher

Name

Date

Signature Witness

Name

Date

***Note to researcher: Witness signature and date are required on this consent form only when the consenting volunteer is not able to read (illiterate).**

A longitudinal cohort study to investigate the natural history and transmission of ocular C. trachomatis in West Arsi Zone, Ethiopia.

FOR INDIVIDUALS AGED 12-17 YEARS

Note: Each household member also consents to participate in the ocular and non-ocular swab collection and fly studies. Each household member **aged 12-17 years** should complete this form.

Your parents / guardians have agreed for your household to part of a research study, but I also need to ask you if you are happy to take part. The study is to learn more about the daily routines and practices of rural Ethiopians and how this may affect health and the transmission of disease.

If you agree to take part then the researchers who will be in your home will take notes about what you are doing during the time they are in your home. You will not be asked to answer any questions. Your name will not be recorded and nobody will know that your family took part in the study. You don't have to take part in the study if you don't want to even though the researchers will be in your home. You can ask me any questions about the study now. If you are willing to take part I need to ask you to write your name or make your thumb print on this sheet to show that you have given your permission.

I, _____ have read/been read the information provided above and I have understood it. I have asked all the questions I have at this time. I understand that it is my right to withdraw from the study at any time without it affecting me or my family.

I understand that all data collected (text, photo, video) and laboratory swab sample collected from me will be stored and analysed in Ethiopia and LSHTM, London, UK, used to support other research in the future, and may be shared anonymously with other researchers, for their ethically-approved projects. I understood that all the data and samples collected may be looked at by authorised individuals from the London School of Hygiene and Tropical Medicine, Fred Hollows Foundation, and other regulatory and ethics authorities in Ethiopia and from the UK. I give permission for these individuals to have access to my records.

I am willing to take part in this study (tick one box). [You can withdraw from any part of the study at any time, for any reason. If you do agree, you are still free to withdraw participation at any time without any consequences to you or your family; should you withdraw from the study, you will continue to obtain the regular benefits of any health care services you normally get at the clinic.](#)

Yes No

I agree to photos of me to be taken to document the research (tick one box).

Yes No

[I Understand that after study completion, all the relevant study documentation will be retained in accordance with the local legislation, for a minimum period of 10 years after completion of the study. Laboratory specimens will be stored indefinitely If I give consent or assent for long-term storage of their samples.](#)

Yes No

I understand that this research is designed to benefit society by contributing new knowledge which will help shape future health programs. You may, however, receive no direct benefit from the study. As part of the assessment we will examine your eyes and if any significant problems are identified we will arrange for you to be referred for help.

Yes No

I give permission for ANONYMISED text, photos/ videos and swab results from this study to be used in the following ways:	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
As part of this study report		
In other reports, campaigns, presentations, teachings and publications by Mr. Oumer Shafi Abdurahman and colleagues at LSHTM or affiliated partners and donors		
On the LSHTM website or in other media about this study		
As part of a public data repository		

Signature / Thumbprint of Research Participant(s) age 7-17

Name

Date

Signature of Researcher

Name

Date

Signature Witness

Name

Date

***Note to person taking consent: Witness signature and date are required on this consent form only when the consenting volunteer is not able to read (illiterate).**

A longitudinal cohort study to investigate the natural history and transmission of ocular C. trachomatis in West Arsi Zone, Ethiopia.

Note: This form is for above 18.

I have read/been read the information provided above and I have understood it. I have asked all the questions I have at this time. I understand that it is my right to withdraw from the study at any time without it affecting me or my family.

I voluntarily agree to participate in this research study (tick one box). [You can withdraw from any part of the study at any time, for any reason. If you do agree, you are still free to withdraw participation at any time without any consequences to you or your family; should you withdraw from the study, you will continue to obtain the regular benefits of any health care services you normally get at the clinic.](#)

Yes No

I give permission for observations or things that I say during interviews to be reported anonymously to communicate the findings of this research, to analyse this research and for teaching purposes. Data (text, photo, video) and laboratory swab sample collected from me will be stored and analysed in Ethiopia study office and LSHTM, London, UK, and can be seen by authorised researchers and students in Ethiopia/UK and beyond and by health professionals and decision-makers and other regulatory and ethics authorities in Ethiopia and from the UK. I give permission for these individuals to have access to my records.(tick one box).

Yes No

Photos of me may be taken to document the research.

Yes No

I give permission for the samples collected to be stored in Ethiopia or LSHTM (UK) and used for anonymous infection testing in future studies. I understand that the information/swab sample collected from me will be used to support other research in the future, and may be shared anonymously with other researchers, for their ethically-approved projects.

Yes No

[I Understand that after study completion, all the relevant study documentation will be retained in accordance with the local legislation, for a minimum period of 10 years after completion of the study. Laboratory specimens will be stored indefinitely If I give consent or assent for long-term storage of their samples.](#)

Yes No

[I understand that this research is designed to benefit society by contributing new knowledge which will help shape future health programs. You may, however, receive no direct benefit from the study. As part of the assessment we will examine your eyes and if any significant problems are identified we will arrange for you to be referred for help.](#)

Yes No

I give permission for ANONYMISED text, photos/video, and sample results from this study to be used in the following ways:	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
As part of this study report		
In other reports, campaigns, presentations, teachings and publications by Mr. Oumer Shafi Abdurahman and colleagues at LSHTM or affiliated partners and donors		
On the LSHTM website or in other media about this study		
As part of a public data repository		

Signature / Thumbprint of Research Participant(s) 18 years & over Name _____ Date _____

Signature of Researcher Name _____ Date _____

Signature Witness Name _____ Date _____