Mosquito trapping informed consent agreement

Introduction

Good morning. My name is _____. I work with PAMVERC Malaria Prevention Trial Muleba. We work together with the Muleba District Health office, the National Institute for Medical Research, the Kilimanjaro Christian Medical College, London School of Hygiene and Tropical Medicine.

Purpose of the survey

We would like to include you in a study to find out if two types of malaria control intervention, indoor residual spraying and long lasting insecticidal nets can reduce the transmission of malaria in your communities. Malaria is transmitted by mosquitoes that carry the malaria parasite. The control interventions reduce the number of infected mosquitoes. We want to find out whether the LLINs and IRS reduce the number of mosquitoes flying into your house. It will provide information on which technique, LLINs or IRS, works best to reduce mosquito numbers and malaria.

Procedure

If you agree to participate, we will carry out the following activities:

1. Collection of mosquitoes using a special light trap in your bedroom for one night. The trap will collect mosquitoes coming indoors and we will collect the trap early the following morning. The trap light will be turned on in the early evening and will be on through the night. You and others in the room will sleep under a bednet which we will provide for you, and for the others *if necessary*, on the night we collect mosquitoes.
2. You will be asked to complete a short questionnaire. We will ask a few questions about your house and any mosquito control you may have used. For this process you will be identified by a study code, not by your name, so that the views you express and answers you provide will remain completely anonymous.

Risks and Benefits

We can see no risk in taking part in this study. You will receive a bed net to sleep under the night the trap is running. The traps may reduce the number of mosquitoes in your house. The results of the study will help us learn how best malaria can be controlled.

Voluntariness and confidentiality

It is entirely your choice to take part in or not take part in this survey as I have just described it. If you agree to take part, you can also decide not to answer any of the questions that you do not want to. Your individual information will be kept private.

Thank you very much for your time. Would you like to take part in this survey?
Ahsante sana kwa muda wako. Je utapenda kushiriki katika utafiti huu?

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Consent section

The study has been explained to me, I have been given the opportunity to ask questions concerning this study. Any such questions have been answered to my full satisfaction. I understand participation is voluntary and I may revoke this consent at any time without penalty or loss of benefits, if any.

I agree to take part.

Signature/thumb print: _____ Participant's name: _____

Name of person who administered the consent form _____

Signature: _____ Date: _____

If you have any questions or clarification pertaining to this survey please feel free to ask the field workers and nurse or you may contact Dr Mabula, DMO Muleba, Tanzania, telephone telephone 0754741523; or Dr Robert Malima, NIMR Amani, Tanzania, telephone 0784571100; Dr Natacha Protopopoff, LSHTM, Muleba, Tanzania, telephone 0764939230.

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I agree my child/children to take part.

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