**PARTICIPANT INFORMATION SHEET**

|  |  |  |  |
| --- | --- | --- | --- |
| Version |  | Date |  |

Study Title:

|  |  |  |  |
| --- | --- | --- | --- |
| SCC: |  | Protocol: |  |

Sponsor & Funder:

## What is informed consent?

You are invited to take part in a research study. Participating in a research study is not the same as getting regular medical care. The purpose of regular medical care is to improve one’s health. The purpose of a research study is to gather information that may be useful in future for the whole population. It is your choice to take part and you can stop any time.

Before you decide you need to understand all information about this study and what it will involve. Please take time to read the following information or get the information explained to you in your language. Listen carefully and feel free to ask if there is anything that you do not understand. Ask for it to be explained until you are satisfied. You may also wish to consult your spouse, family members or others before deciding to take part in the study.

If you decide to join the study, you will need to sign or thumbprint a consent form saying you agree to be in the study. You will receive a copy of this.

## Why is this study being done?

The results of the study will be made available to your community.

## What is the new vaccine/drug?

## What does this study involve?

In case the investigator discovers you are sick and decides that you cannot participate in the study because of that, you will receive immediate care at the study site and then be referred to the appropriate health facility.

If the research study needs to be stopped, you will be informed and you will have your normal medical care.

## What will happen to the samples taken in this study?

Please include if genetic testing will be done and if samples will be sent out of the Gambia

## What harm or discomfort can you expect in the study?

## What benefits can you expect in the study?

## Will you be compensated for participating in the study?

You will not get paid for participation, but you will get either transport by MRC or get the costs for the transport reimbursed.

## Are there other products or treatment?

## What happens if you refuse to participate in the study or change your mind later?

You are free to participate or not in the study and you have the right to stop participating at anytime without giving a reason. This will not affect the medical care that you would normally receive.

In case you decide to withdraw your participation during the study, any information already generated from the samples until the time of withdrawal will be used and samples already collected, for which you have given consent, will also be analysed and data used. The study doctor may also ask for tests for your safety.

Should any new information become available during the study that may affect your participation, you will be informed as soon as possible.

## If you are injured in the study what compensation will be available?

We will be responsible to provide for treatment caused by procedures of the research study through the MRC indemnity arrangements or insurance. If you have an unwanted reaction, we will treat you or refer you as needed.

If medical treatment is required as an emergency, please refer to your health centre or clinic and contact the field worker who gave his/her telephone number to you or contact Dr [Name] on [Phone number].

## How will personal records remain confidential and who will have access to it?

All information that is collected about you in the course of the study will be kept strictly confidential. Your personal information will only be available to the study team members and might be seen by some rightful persons from the Ethics Committee, Government authorities and sponsor.

## Who should you contact if you have questions?

If you have any queries regarding the study you can contact [Name] on [Phone number], and you can always call the personal numbers of the study staff given to you. If you have any concerns you can also contact staff at your health centre or clinic.

Please feel free to ask any question you might have about the research study.

## Who has reviewed this study?

This study has been reviewed and approved by a panel of scientists at the Medical Research Council and the Gambia Government/MRC Joint Ethics Committee, which consists of scientists and lay persons to protect your rights and wellbeing.

Consent Form

Participant Identification Number: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

(Printed name of participant)

I have read the written information **OR**

I have had the information explained to me by study personnel in a language that I understand

and I

* confirm that my choice to participate is entirely voluntarily,
* confirm that I have had the opportunity to ask questions about this study and I am satisfied with the answers and explanations that have been provided,
* understand that I grant access to data about me to authorised persons described in the information sheet,
* have received sufficient time to consider to take part in this study,
* agree to take part in this study.

*Tick as appropriate*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I agree for my samples to be shipped outside of The Gambia | | Yes  No | | | | | | |
| I agree to further research on my samples as described  in the information sheet | | | | | Yes | | No |
| Participant’s signature/ thumbprint\* |  | |  |  | |  | | |
|  |  | |  | Date (dd/mmm/yyyy) Time (24hr) | | | | |
|  |  | |  |  | | | | |
| Printed name of impartial witness\* |  | | | | | | | |
| Signature of impartial witness\* |  | |  |  | |  | | |
|  |  | |  | Date (dd/mmm/yyyy) Time (24hr) | | | | |
| Printed name of person obtaining consent |  | | | | | | | |
| **I attest that I have explained the study information accurately in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to, and was understood to the best of my knowledge by, the participant and that he/she has freely given consent to participate *\**in the presence of the above named impartial witness (where applicable).** | | | | | | | | |
| Signature of person obtaining consent |  | |  |  | | | | |
|  |  | |  | Date (dd/mmm/yyyy) Time (24hr) | | | | |

*\* Only required if the participant is unable to read or write.*

A copy of this informed consent document has been provided to the participant.