[REPLACE THIS FILE WITH YOUR CONSENT FORM(S) AND PRINT A COPY FOR EACH TRAINING PARTICIPANT]

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| VERBAL CONSENT FORM |
| |  |  | | --- | --- | | **Study title**  PRIVATE HEALTH SECTOR MALARIA OUTLET SURVEY, [COUNTRY/ SURVEY AREA; DATE] | **Principal Investigators**  [ADD RELEVANT CONTACT INFO] |   **FOR THE PARTICIPANT:**  I read (or had a witness of my choice read) and understood the information on the purpose of the study *"* [ADD STUDY TITLE]*".* I had the opportunity to ask any and all questions I had to the members of the research team. The answers were provided in a language I understood. The members of the research team also asked me questions to assess my understanding of the study's objectives.  I understand the advantages and disadvantages of my participation. I also understand that:   * My participation in the study is voluntary and I may withdraw at any time without having to give reason. * My personal data will be deidentified, and I authorize their consultation only by persons collaborating in this research under the responsibility of the investigators. * The researchers involved in this study will have access to any personally identifying data in strict confidence. * The information collected may be published anonymously in scientific journals. * Research files could be inspected by [COUNTRY]’s ethics committee to ensure that the study is running smoothly.   It was clearly explained to me, and I understood that my consent did not relieve the research organizers of their responsibility.  **ORAL CONSENT TO PROCEED**  Would you like to take part in the study?  Check if respondent agrees to participate □  Check if respondent agrees to be audio recorded □  ***For the attention of the investigator:***  I have read the entire consent form to the study participant and the participant has voluntarily agreed to participate in the study. The participant has given his consent.  Investigator's name:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ /2024  I, the undersigned, promise to keep confidential the information I have received at the points of sale. I certify that I have explained all the details of the study to the participant indicated above and certify that he has understood and given his consent.  Investigator's name:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ /2024  **THE PARTICIPANT CAN NOW RECEIVE AN INFORMATION SHEET FOR SAFEKEEPING** |