



Kilimanjaro Christian Medical College

An Institution of the Good Samaritan Foundation

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Informed consent form

The undersigned,

Name: **Kimario Kavishe**

EHMS # 43525.

Gender: Male / Female (strike off what is not applicable)

Date of birth: 43 years

gives permission to doctors of the department of Paediatrics Child Health, Kilimanjaro Christian Medical Centre/Kilimanjaro Christian Medical University College in Moshi (strike off what is not applicable):

- To take photographs for medical education.
- ☒ To store sampled biologic material (e.g. blood, biopsy) and to analyse this material for diagnostic purposes where indicated.
- ☒ To use clinical data, unedited photographs and results of additional investigations for publication in a national or international medical journals.

NB separate KCMC hospital autopsy/postmortem consent form was signed and is stored in patient file (paper)

Name of disorder: Clinical rabies.

Sample Type: minimally invasive postmortem biopsy

Test to be performed on sample: tissue obtained in minimally invasive postmortem procedures (abdominal organs/mesentery; cerebellum; lymph nodes)

I give permission as a parent / guardian (strike off what is not applicable), of the following patient:

Name of child: **Emiliana Kavishe**

Gender: Male/Female (strike off what is not applicable)

Date of birth: 6 years

- ☒ I am aware of and allow KCMC/an external body to perform the above designated test(s) on the sample from me and my baby. My signature below encompasses my acknowledgment that the benefits, risks, consequences and limitations of this testing have been explained to my satisfaction by a qualified health professional.
- ☒ I was in the situation that I could consider my participation deliberately and I understand that, if I would decide not to participate, this will not have any influence on the treatment that I/my child will receive.
- ☒ I/my child will have the right to withdraw the consent at any moment without the obligation to give a reason and without further consequences in treatment.
- ☒ I have been informed about the content of this consent comprehensively and I was in the opportunity to ask questions.

An identical version of this form has been provided to me in Swahili and I have been able to read it.

Place: KCMC Moshi,

Date: 18 Sept 2019

Signature:

Dr: Dekker Marieke /Rego Garcia Iago

Department: Paediatrics

-Marieke J. Dekker-

Mobile telephone: +255784669314

Signature: