**Consent Form**

**Introduction**: A research study on the “Prevalence of *Helicobacter pylori* in Residents of Long Term Care Facilities in Central Texas” is being conducted by Assistant Professor Thomas L. Patterson, Clinical Laboratory Science Program, Texas State University, Phone: 512-245-2719, e-mail: [tp20@txstate.edu](mailto:tp20@txstate.edu). This research is funded by the Texas Long Term Care Institute.

**Purpose and Benefit**: The purpose of this research is to determine the percentage of residents of long term care facilities in Central Texas that are carrying the bacteria *Helicobacter pylori* in their stomachs. You have been chosen to participate because you are a resident of a long term care facility. The information from this research study is beneficial in that it can be used to identify the rate of occurrence of this bacteria for physician information. If the rate is high, the facilities may implement advanced infection control procedures to prevent the spread of this bacteria among residents.

**Samples**: I hereby consent to provide one small stool sample for examination for the presence of a bacteria called *Helicobacter pylori*. There is no possibility of injury or illness by participating in this study. The sample will be collected by the staff of the long term care facility and will be picked up by representatives of Texas State University for analysis. The sample will be analyzed by the Clinical Laboratory Science Department at Texas State University in San Marcos, Texas. I understand that the presence of this bacteria causes no problems in some persons but may cause gastritis (stomach pain), ulcers, or other stomach complications in other persons.

**Confidentiality**: I understand that no names of residents will be used or published at the completion of this study. I also understand that any positive results will be relayed to the administration of the long term care facility and the decision for further testing, treatment, or non-treatment will be determined by the medical staff at the long term care facility. This research study will not pay for any medical treatment if you are found to have this bacteria in your stomach.

**Compensation**: I understand that there is no monetary compensation for participating in this study. I understand that participation is completely voluntary and that I may decide to withdraw from this study at any time.

I hereby agree to the above terms of the Consent.

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Participant Sign/Date Printed Name

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Researcher Sign/Date Researcher Printed Name