

PARTICIPANT CONSENT FORM

Title of Project: Drug Resistant TB contacts registry

Name of PI/Researcher responsible for project: Kate Gaskell

Statement	Please initial each box
I confirm that I have read the information sheet 20/02/2020 (version 5) (or had the information explained) for the above named study.	
I understand that participation is voluntary and that I am free to withdraw at any time without giving any reason, without medical care or legal rights being affected.	
I understand that relevant sections of medical notes and data collected during the study may be looked at by authorised individuals from London School of Hygiene & Tropical Medicine. I give permission for these individuals to have access to my records.	
I understand the information collected will be entered into a research registry and may be used anonymously to support other research in the future. I understand I can ask to see my data.	
I consent to take part in the above named study	

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Printed name of participant

Signature of participant/witness

Date

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 their consent to participate* in the presence of the above named impartial witness (where applicable).

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Printed name of person obtaining consent

Signature of person obtaining consent

Date

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

Centre Number:

Study Number: Drug Resistant contacts registry

Participant Identification Number:

[Informed Consent for Participant_20/02/2020_V5]