**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 |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

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).

|  |  |  |
| --- | --- | --- |
|  |  |  |

Printed name of person obtaining consent Signature of person obtaining consent Date