

Consent Form

Deep Learning-Based Clinical Decision Support Tool for Chest Tuberculosis Detection in OPENMRS using Chest X-rays Evaluation - Expert User Consent Form

Purpose of the Evaluation: The purpose of this evaluation is to assess the deep learning-based clinical decision support tool's performance, usability, and potential impact on early Chest TB detection. Your expert insights and feedback will be instrumental in improving the system and ensuring it aligns with the needs of medical professionals.

Procedure:

- During the evaluation session, you will be provided a video demonstration of the clinical decision support tool integrated with the OpenMRS system.
- The video will display details of patients out of which the sample X-ray of one patient will be uploaded to test the system's TB detection capabilities.
- We encourage you to review the system and provide feedback on its functionality, user interface, and overall usability.
- The evaluation session is expected to take approximately 10 minutes, but you may take as much time as you need to complete the evaluation.

Data Privacy and Confidentiality: Any information and data collected during this evaluation will be treated with strict confidentiality. Only **your name, designation and feedback** will be mentioned in the **evaluation** section of the report submitted to the university and the data will be used solely for research and development purposes related to the project.

Voluntary Participation and Withdrawal: Your participation in this evaluation is entirely voluntary. You have the right to withdraw at any time during the evaluation process without any consequences or penalties. Withdrawal will not affect your relationship with University of Leeds or the project creator.

Benefits and Risks: Participation in this evaluation provides an opportunity to contribute to the development of an innovative medical tool that could potentially enhance early TB detection and patient care. There are no foreseeable risks associated with participating in this evaluation.

Contact Information: If you have any questions, concerns, or require further information about the evaluation or this consent form, please contact Ruchita Mijagiri at sc22rsm@leeds.ac.uk. By participating in the evaluation, you acknowledge that you have read and understood this consent form and voluntarily agree to take part.

[Participant's Signature]: _____  _____ Date: _13/08_____

(Printed Name): _Auguste Rumbutye_____ Title: _Medical AI PhD student__

[Researcher's Signature]: _____  _____ Date: _13th August 2023_____

(Printed Name): ___Ruchita Mijagiri_____ Title: ____MSc Student_____