CONSENT FORM   
  
Full Project Title: A comparison of two artemisinin combination therapies (ACTs) in combination with primaquine for radical cure of *Plasmodium vivax* malaria in the Solomon Islands: the “ACT-radical” study.

**(This form will be translated to Solomon Islands PIgin):**

**This means you can say no.**

I have read, or have had read to me in my first language and I understand the Participant Information version 1.0dated 01-09-16.

I freely agree to participate in this project according to the conditions in the Participant Information including:

1. Administration of malaria medicines as determined by a randomisation process
2. Up to 15 small blood tests by finger-prick
3. Up to 7 blood tests taken with a needle through the vein in adults and children >5 or 2 blood tests taken with a needle through the vein in children ≤5.
4. Regular follow up visits and phone calls over the next 6 months.
5. My blood to be sent to other countries for testing, including of my genes (DNA).

I have been given a copy of the Participant Information sheet to keep

The researcher has agreed not to reveal my identity and personal details if information about this project is published or presented in any public form.

Participant’s Name (printed) ……………………………………………………

Signature (or thumb print) Date

For children under age 16

Parent or Guardian’s Name (printed) ……………………………………………………

Relationship to child (eg mother, father, aunty, uncle, grandparent) .....................................

Signature (or thumb print) Date

Name of Interpreter or Witness to Participant’s Signature (printed)

……………………………………………

Signature Date

Declaration by researcher\*: I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Researcher’s Name (printed) ……………………………………………………

Signature Date

**Local Researchers names and contact details (in Solomon Islands):**

Dr Lindes Wiini Vector Borne Disease Control Program, Solomon Islands Department of Health, PO Box 349, Honiara

Mr Albino Bobogare, Director, Vector Borne Disease Control Program, Solomon Islands Department of Health. PO Box 349, Honiara