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## **PARTICIPANT CONSENT FORM - TEST**

I, .....[PRINT NAME], give consent to my participation in the research project **TEST AND TREAT TO END TB** described in the Participant Information Statement 1 – TEST, V2.0, 14 Sep 2021.

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved have been explained to me. Any questions about the project have been answered to my satisfaction.
2. I have had sufficient time to consider my participation in this study.
3. Based on these results I may be asked to provide a sputum sample, a blood sample, have a chest x-ray, and medical examination. Any questions I have about the project have been answered to my satisfaction.
4. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.
5. I understand that being in this study is completely voluntary – I am not under any obligation to consent.
6. I understand that my involvement is strictly confidential. I understand that any research data gathered from the results of the study may be published however no information about me will be used in any way that is identifiable.
7. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher(s) or the National Tuberculosis Plan and its affiliated hospitals and clinics, or the University of Sydney, now or in the future.
8. I understand that if tuberculosis bacteria is found in my sputum sample it will be stored for later testing.



9. I consent to receiving feedback at the end of this study:

YES

NO

If you answered YES to the “Receiving Feedback” question, please provide your details i.e. mailing address, email address.

**Feedback Option**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

<p><b><i>For study participant</i></b></p> <p>..... Signature</p> <p>..... Please PRINT name</p> <p>..... Date (DD/MM/YYYY)</p> <p>..... Study number</p>	<p><b><i>For Impartial Witness</i></b></p> <p>..... Signature</p> <p>..... Please PRINT name</p> <p>..... Date (DD/MM/YYYY)</p>
<p><b><i>For study staff</i></b></p> <p>..... Signature of study staff</p> <p>..... Name of study staff</p>	

You will be given a copy of this consent form to keep