|  |  |
| --- | --- |
| **National Institute of Hygiene and Epidemiology Vietnam** | **Woolcock Institute of Medical Research****University of Sydney**ABN 15 211 513 464 |
| **PROF. DANG DUC ANH***Co-Principal Investigator**Email:* *dda@nihe.org.vn**Tel: 0243 821 3241**Website: nihe.org.vn* |  **PROF. GREG FOX** *Professor in Respiratory Medicine* *Chief Investigator* Email: gregory.fox@sydney.edu.au Web: <http://www.sydney.edu.au/> |

Participant ID: V-RESIST \_ \_ \_ \_

**PARTICIPANT CONSENT FORM**

**VRESIST Study C – Patient questionnaire**

I, ..............................................................................[PRINT NAME], agree to take part in this research study.

In giving my consent I state that:

* I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
* I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
* The researchers have answered any questions that I had about the study and I am happy with the answers.
* I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of Sydney (Australia), the Woolcock institute of Medical Research Vietnam and the National Institute of Hygiene and Epidemiology, Vietnam now or in the future.
* I understand that I can withdraw from the study at any time. If I do withdraw from the study, my responses to the survey will be deleted.
* I understand that I may skip to answer any question/s or statement/s if I do not wish to answer.
* I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
* I understand that the results of this study may be published, and that these publications will not contain my name or any identifiable information about me.

Would you consent to be contacted in the future to participate in other studies or follow up surveys of the study? YES o NO o

Would you like to receive feedback about the overall results of this study? YES o NO o

If you answered **YES to any of the above**, please indicate your preferred form of feedback and address:

o Postal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Study participant:**

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_\_\_/20 |
| Signature | (PRINT) full name | DD/MM/YYYY |

**Confirmation of interviewer/consent taker:**

I hereby confirm that I have explained clearly all the study information and answer questions asked by study participant.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_\_\_/20 |
| Signature | (PRINT) full name | DD/MM/YYYY |