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TUMAINI UNIVERSITY MAKUMIRA
KILIMANJARO CHRISTIAN MEDICAL UNIVERSITY COLLEGE
P. O. Box 2240, Moshi Tel. 027-27-53909

Project Number:
Participant Unique Identification Number:

CONSENT FORM

Brucellosis research in northern Tanzania - Participant (Adults)

"The purpose of this study, what will happen to me and the risks and benefits have been explained to me. **I** have been allowed to ask questions, and I am satisfied with the answers I have received. I have been told who to contact if I have questions, to discuss problems, or suggestions related to the study, or to receive more information about the study. I have read (or had read) this information sheet and agree to take part in this research study, with the understanding that I may withdraw at any time. I have been told that I will be given a signed and dated copy of this consent form."

Please initial or mark box

I confirm that I have read (or had read) and understand the information sheet for _____ participants, dated _____(version _____) for the above study and have had the opportunity to ask questions.	☐
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.	☐
I agree to take part in the above study.	☐

_____	_____	_____
Name of participant (print)	**Date**	**Signature**
_____	_____	_____
Study staff conducting consent (print)	**Date**	**Signature**
_____	_____	_____
Witness' name (print) (As appropriate)	**Date**	**Signature**

(1 copy for subject; 1 copy for researcher)

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P. O. Box 2240, Moshi Tel. 027-27-53909

Project Number:
Participant Unique Identification Number:

CONSENT FORM

Brucellosis research in northern Tanzania – Participant (Minors)

" The purpose of this study, what will happen to my child, and the risks and benefits have been explained to my child and me. **I** have been allowed to ask questions, and I am satisfied with the answers I have received. I have been told who to contact if I have questions, to discuss problems, or suggestions related to the study, or to receive more information about the study. I have read (or had read) this information sheet and agree for my child to take part in this research study, with the understanding that my child may withdraw at any time. I have been told that I will be given a signed and dated copy of this consent form."

Please initial box

I confirm that I have read (or had read) and understand the information sheet for _____ participants, dated _____(version _____) for the above study and have had the opportunity to ask questions. ☐

I understand that my child's participation is voluntary and that we are free to withdraw at any time, without giving any reason or our legal rights being affected. ☐

I agree for my child to take part in the above study. ☐

Participant's name (print): _____

Child Assent (print) (As appropriate)	**Date**	**Signature**
Parent or Legal Guardian name (print)	**Date**	**Signature**
Study staff conducting consent (print)	**Date**	**Signature**
Witness' name (print) (As appropriate)	**Date**	**Signature**

(1 copy for subject; 1 copy for researcher)