RÉPUBLIQUE DU CAMEROUN
REPUBLIC OF CAMEROON
Peace – Work - Fatherland

UNIVERSITÉ DE DSCHANG
UNIVERSITY OF DSCHANG
Scholae Thesaurus Dschangensis Ibi Cordum

BP 96, Dschang (Cameroun) – Tél./Fax (237) 233 45 13 81
Website:http://www.univ-dschang.org.
E-mail : udsrectorat@univ-dschang.org

FACULTÉ DES SCIENCES
FACULTY OF SCIENCE

Département de Biochimie

Department of Biochemistry

BP 67, Dschang (Cameroun) Tél./Fax (237) 243 69 15 05
E-mail : faculte.sciences@univ-dschang.org

Consent Form

I undersigned, **M/Mme/Mrs (Name(s) first name(s))……..** have been invited to enable my children to participate to a research program entitled **"TrypanoGEN⁺: the genetic determinants for schistosomiasis"** whose principal investigator is Dr SIMO Gustave of the Department of Biochemistry of the Faculty of Science of the University of Dschang.

- I have read, or it has been read to me and explained, the information sheet linked to this study.
- I have well understood the information sheet that I have or it has been read to me about this study.
- I understood the purpose and objectives of this study
- I had the opportunity to ask questions about the study
- I received all answers to the questions I asked
- I was informed and well clarified about the purpose and interest of this study.
- Risks and benefits were presented and explained to me
- I understood that I am free to accept or deny my participation or those of my children
- My consent does not release the investigators from their responsibilities
- I keep all my rights guaranteed by the law
- I have the right to withdraw my children or I from the study and this withdrawal do not affect the current and future access to available medical care
- I understood that in case of preoccupation, I can contact Dr. SIMO Gustave (Tel: 694035497) of the Department of Biochemistry of the Faculty of Science of the University of Dschang.

I freely accept my participation and the participation of my children in this study under the conditions specified in the information sheet. This means:
- To answer the surveys' questions
- To communicate medical information
- That my children and I should give stool samples, urine, saliva or blood for this study
- That the stools of my children will be used in this study.

I agree that the rest of samples collected during this study will be used in subsequent studies.

I have understood that I must complete and sign in this table only if I have understood the purpose of this research, the level of my commitment, and that the data and samples collected will be used only for research purposes.

Other information to our notice and concern? …… …… …… …… ……	**Date**	**Signature**
	Participant Name…… Name of parent or Guardian…… Tel:..... Email:.....	