# UNIVERSITY OF CALIFORNIA, DAVIS

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## CONSENT TO PARTICIPATE IN RESEARCH

**Addressing Young Stock Mortality in Smallholder Farms and Pastoral Herds of Ethiopia**

**Investigator: Dr. Woutrina Smith, University of California, Davis**
**Sponsor: USAID - Feed the Future Innovation Lab for Livestock Systems**

### Introduction

My name is _____. I am a graduate student at Addis Ababa University or the University of Gondar, working with Drs. Nigatu Kebede and Tsegaw Fentie. We are planning to conduct a research study, which I invite you to take part in.

You are being invited to participate in this study because your household raises livestock in the region and you have eligible young stock (calves, camel calves, kids and lambs less than six months of age). Participation in this study is completely voluntary. You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

### Purpose

The purpose of this study is to identify the major disease-causing agents of diarrhea and respiratory disease in young stock (calves, camel calves, kids and lambs) and to identify and evaluate effective intervention strategies to control young stock morbidity and mortality in Ethiopia.

### Procedures

If you agree to be in this study, you will be asked to do the following:

- Answer a survey containing questions about your household, your livestock husbandry practices, your young animals' health and history information
- Allow us to take a picture of each of your eligible young animals and their dams
- Allow us to perform a physical examination on your eligible animals and take some biological samples (blood, nasal swab and feces) from the young animals, and a milk sample from eligible dams (delivered a newborn within the last 7 days)
- Allow us to test the biological samples at our laboratories at the University of Gondar, Addis Ababa University and/or the National Animal Health Diagnostic and Investigation Center
- There is no cost associated with participating in this study.

**Study time:** Study participation will take a total of approximately 30-45 minutes on the initial visit. If you have additional animals that give birth, we may return to obtain samples from new eligible young

stock, or if previously sampled animals become sick, we would be happy to test them again. These visits will be shorter, and only require sample collection and animal physical examination. The entire study will last for about 1 year.

**Study location:** The survey and sample collection will take place here on your farm. Sample processing will take place at laboratories at the University of Gondar, Addis Ababa University and/or the National Animal Health Diagnostic and Investigation Center

**Benefits:** Your livestock will benefit from having been checked for different types of diseases that contribute to livestock sickness and death. It is hoped that the information gained from the study will help improve the delivery animal health extension services to your community and others like it and reduce overall young stock morbidity and mortality in Ethiopia.

**Risks/Discomforts:** Minimal risk or discomfort to you is anticipated by participating in this survey. If any of the questions make you feel uncomfortable or upset, you are free to decline to answer any questions you do not wish to or end the survey early. You are also free to decline us sampling your animals at any time, if you wish.

**Compensation:** You will not be paid for taking part in this study.

**Confidentiality:** Your study data will be handled confidentially. If results of this study are published or presented, individual names and other personally identifiable information will not be used
All data being collected is stored securely and will be encrypted when uploaded onto a computer.

**Retaining research records:** When the research is completed, our project may save the survey and photographs of your animals, and samples collected for use in future research done by others or myself. The project will retain this study information for up to five years after the study is over. The same measures described above will be taken to protect confidentiality of this study data.

Federal law provides protections of your medical records and related health information. These are described in the UC Davis Health System Notice of Privacy Practices (http://www.ucdmc.ucdavis.edu/compliance/pdf/notice.pdf).

**Study Contact Information**
If you have any questions or concerns about this study, you may contact:

| Name | Telephone | Email | Institution |
|---|---|---|---|
| Nigatu Kebede | +251 0911353565 | nigautkebede@yahoo.com | Addis Ababa University, Aklilu Lemma Institute of Pathobiology |
| Tsegaw Fentie | +251 918 035836 | tsegawfentie2002@gmail.com | University of Gondar |
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| Woutrina Smith | +1 5302191369 | wasmith@ucdavis.edu | University of California, Davis |

If you have any questions or concerns about your rights and treatment as a research subject, you may contact the Institutional Review Board at the University of California, Davis, at (916) 703-9151 or HS-IRBEducation@ucdavis.edu

**Signature Block for Capable Subject**
Do not sign this document until you have read the consent document, including the appendixes (or the document and appendixes been read to you) and your questions have been answered. Your signature documents your permission to take part in this research.

**I VOLUNTARILY AGREE TO PARTICIPATE in the study referenced above.**

I understand that I have the right to withdraw my consent at any time.
I do understand that I can be withdrawn, or that the study could be terminated by the principal investigator, for my benefit and/or the benefit of the study. I understand I will be given a copy of the information sheet and consent form to keep for my records.

| | |
|---|---|
| Signature of subject | Date |
| Printed name of subject | |
| Signature of person obtaining consent | Date |
| Printed name of person obtaining consent | |

**Signature Block for Consent Documentation or Illiterate subjects**
My signature below documents that the information in the consent document and any other written information was accurately explained to, and apparently understood by, the subject, and that consent was freely given by the subject.

| | |
|---|---|
| Signature of witness to consent process | Date |
| Printed name of person witnessing consent process | |