Committee on Human Research Publication and Ethics
School of Medical Sciences, Kwame Nkrumah University of Science and Technology
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Participant Information Leaflet and Consent Form

This leaflet must be given to all prospective participants to enable them know enough about the research before deciding to or not to participate

Title of Research: Impact of malaria on haematological parameters of urban, peri-urban and rural patients in the Ashanti region of Ghana

Name(s) and affiliation(s) of researcher(s): This study is being conducted by Dr. Kingsley Badu, Mutala Abdul-Hakim, and Agordzo Samuel Kekeli and from the Department of Theoretical and Applied Biology- Kwame Nkrumah University of Science and Technology.

Background (Please explain simply and briefly what the study is about): Malaria is caused by plasmodium parasite which is acquired through the bite of Anopheles mosquito. Malaria can have severe effects on children under 5 years and the pregnant woman. They can also lead to death in people with inefficient immune system.

Purpose(s) of research: The aim of this study is to investigate haematological changes that occur in malaria patients from different settlements. We will also find out the extent of the infection in this community. This will enable health authorities give the necessary attention to screening and treating the diseases. Because malaria is preventable and treatable.

Procedure of the research, what shall be required of each participant and approximate total number of participants that would be involved in the research: When you agree to take part in our study, first we will ask you a few questions about your risk of exposure to malaria infection. Again we will ask you to donate 2ml of blood so that we can do laboratory tests for malaria. In total we will need 150 participants from this community.

Risk(s): When blood is drawn with non-sterile syringe or a pricker, there is a risk of infection. But in this hospital Qualified Nurses and Medical laboratory technologists trained to draw blood will use sterile syringes that will not give you any infections. Drawing of blood may also cause a minimal discomfort but this normally disappears over a short time.

Benefit(s): Upon agreeing to partake in this research, you will be screen for malaria for free.

Confidentiality: Your name will not be needed at any point in course of the study. Only codes will be used hence the data cannot be link to you in anyway.

Voluntariness: Agreeing to take part in this study depends on your free will. You are not under obligation to partake in the research, it is entirely voluntary. Your inability to partake in this research will by no means affect your treatment in this hospital.

Alternatives to participation: If you decide not to take part in this study, your treatment will not be affected in anyway in this hospital. You can still ask for these tests to be done for you by the hospital if you need it.

Withdrawal from the research: You may choose to withdraw from the research at any time without explaining yourself. You may also choose not to answer any question you find uncomfortable or private.

Consequence of Withdrawal: There will be no consequence upon withdrawing from the research. The data captured upon your withdrawal will be deleted and shall not be part of subsequent analysis.

Costs/Compensation: We really appreciate your effort in supporting this study. Unfortunately we do not have funds/items to compensate you for the valuable time and the information you have shared with us.

Contacts: Please do not hesitate to contact Dr Kingsley Badu, the principal investigator on 0265012563 or kingsbadu@gmail.com.

Further, if you have any concern about the conduct of this study, your welfare or your rights as a research participant, you may contact:

The Office of the Chairman
Committee on Human Research and Publication Ethics
Kumasi
Tel: 03220 63248 or 020 5453785

CONSENT FORM

Statement of person obtaining informed consent:
I have fully explained this research to _____ and have given sufficient information about the study, including that on procedures, risks and benefits, to enable the prospective participant make an informed decision to or not to participate.

DATE: _____ NAME: _____

Statement of person giving consent:
I have read the information on this study/research or have had it translated into a language I understand. I have also talked it over with the interviewer to my satisfaction.

I understand that my participation is voluntary (not compulsory).

I know enough about the purpose, methods, risks and benefits of the research study to decide that I want to take part in it.

I understand that I may freely stop being part of this study at any time without having to explain myself.

I have received a copy of this information leaflet and consent form to keep for myself.

NAME: _____

DATE: _____ SIGNATURE/THUMB PRINT: _____

Statement of person witnessing consent (Process for Non-Literate Participants):

I _____ (Name of Witness) certify that information given to

_____ (Name of Participant), in the local language, is a true reflection of what l have read from the study Participant Information Leaflet, attached.

WITNESS' SIGNATURE (maintain if participant is non-literate): _____

MOTHER'S SIGNATURE (maintain if participant is under 18 years): _____

MOTHER'S NAME: _____

FATHER'S SIGNATURE (maintain if participant is under 18 years): _____

FATHER'S NAME: _____