THE COLLEGE OF MEDICINE
Malawi-Liverpool-Wellcome Trust
Clinical Research Programme
www.mlw.medcol.mw

Participant consent form

Feasibility study of Experimental Human Pneumococcal Carriage in Malawi

		I agree (initial or thumbprint below)
1	I have read the information sheet about the study, which explains what you are trying to find out and what I am required to do	
2	I have asked all the questions that I need to and am happy with the answers you have given me and I have enough information about the study	
3	If I change my mind about participating in this study, I understand that I can withdraw at any time and this will not affect my right to health care	
4	I understand that my clinical information will be confidential.	
5	I agree that the clinical information I provide will be stored for upto five years	
6	I agree that my samples will be stored for a maximum of five years and may be transported to the UK for laboratory tests that cannot be done in Malawi	
7	I voluntarily agree to take part in the study	

Name of participant	Date	Signature or thumbprint
Name of witness (only if thumbprint used)	Date	Signature
Name of researcher	Date	Signature