****WRITTEN CONSENT FOR INTERVIEW WITH ADULT PARTICIPANTS – COMMUNITY SURVEILLANCE**

**Study Title:** *<your system/study title>*

**Principal Investigator:** *<PI name>*

**IRB No.:** *<IRB number of study>*

**PI Version Date:** *<date of document finalization>*

[*Greeting*]. I am [*say name*] from the *<insert organization>* in <insert *province name*>. I would like to talk to you about our study that aims to collect information on [*pregnancy/birth/death*] in your community.

Our goal is to increase our knowledge on maternal, newborn, child and adult health and mortality and their causes in your community. This study is planned for the period of *<insert dates of study>*.

We ask you to join our [*work/research*] study because a [*pregnancy/birth/death*] has recently identified in your family. You do not have to join, it is your choice. There will be no consequences to you if you choose to do so.

If you say yes, I will ask you some questions on gestational age of the pregnancy or newborn weigh at birth or symptoms and sigs of the death. The interview will take less than 15 minutes to complete. You may be uncomfortable answering some of the questions because they remind you of pregnancy/birth/death issues. You do not have to answer all the questions and you may stop at any time. I will enter your information on my phone and use it to inform the research team about this event.

There is a risk that someone outside the study will see your information. However, we will do our best to keep your information safe by storing it in a safe place accessible only to our study team. When we share your information with other researchers and we will ask them to use the same protections.

There is no direct personal benefit to you for participating in this study. We will use your responses to increase our knowledge on maternal, newborn, child and adult mortality and health in your community in order to improve health programs. We will let the community know about the results of the study.

We will do our best to keep your information safe by storing in a safe place accessible only to the study team. When we share information with other researchers, we will ask them to use the same protections. We try to make sure that everyone who needs to see your information uses it only for this study or other studies approved by <*insert name of ethical review board*> in <*insert country*> and the <*insert name of partner ethical review* board> in <*insert name of partner country*>*.* But we cannot guarantee that it will be kept confidential.

You may end your consent at any time. Information obtained and used before you end your consent will continue to be used for research. If you wish to end your consent, let us know.

Do you have any questions? You may contact *<PI name*> from *<Your organization>* about your further questions or problems with this work. <*His/Her*> contacts are:

Contact person: *<PI name*>

*<Your organization>*

*<Organization address>*

*<City and country>*

Phone: *<Phone number 1>* | Mobile: *<Phone number 2>*

*<Email 1>*| *<Email 2>*

Would you like to join the study?

Your signature on this form means:

* You have been informed about this study’s purpose, procedures, possible benefits and risks.
* You have been given the chance to ask questions before you sign.
* You have voluntarily agreed to be in this study.

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Print name of Adult Participant Signature of Adult Participant Date

*If the participant) is unable to provide a signature above, and it is culturally appropriate, ask them to mark a “left thumb impression” in the box below.*

*If the participant is an adult who lacks capacity to provide informed consent, include the two lines below.*

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Print name of Legally Authorized Signature of LAR Date

Representative (LAR)

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Relationship of LAR to Participant

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Print name of Person Obtaining Signature of Person Obtaining Consent Date Consent