**INFORMATION SHEET FOR THE [NAME OF STUDY]**

**Affiliated Institutions: [Name of Organizations]**

**LANGUAGE ENGLISH**

**Procedural amendment: Costing Survey CONTROL PARTICIPANTS ONLY**

**Population: Adult patients enrolled into the study**

**Version Date: [Version ##, date]**

**Protocol: [Version ##, date]**

**Principal Investigator: Name, Affiliation**

**Funding Source and/or Sponsor: Name**

**Study Contact Name: Name (phone number including international code)**

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**The purpose of this form is to tell you about a new procedure added since you joined this research study. The original consent form you signed is still valid except for the changes described here.**

**NEW INFORMATION**

Two-hundred participants among those enrolled in the **control sites** of the **[Name of study]** will be invited to participate in a costing survey during their last study visit. These 200 participants will be randomly selected (by chance) to answer questions on costs related to collecting ART.

You are being invited to take part in this costing survey because you are enrolled in the **[Name of study].** If you agree, you will complete the costing survey here at the clinic. The costing survey will ask you questions about you such as your age; about your visit today such as how much time it took you to get to clinic; and about trusting people for example, to be helpful. It will take you about 30 minutes to complete the survey.

If you agree to participate in the costing survey and sign the consent form, you are agreeing to take part in the costing survey if selected by chance.

**PARTICIPATION IN RESEARCH IS VOLUNTARY**

You have the right to decline to participate or to withdraw at any point from the costing survey without penalty or loss of benefits to which you are otherwise entitled.

If you refuse or decline, you can still continue with the collection of a dry blood sample. During enrolment, you had agreed that we may prick your finger to collect a dry blood sample at your last study visit. These samples will be taken to the **[Name of** **Laboratory**]. Both the sample we took when you enrolled and at your last study visit will be analyzed for viral load to see if your viral load has reduced.

**Who can answer my questions?**

If you have any questions about the study, please contact the study researcher: **Name, ph number**.

**The above information has been explained to me and all of my questions have been answered. By signing this form I indicate that I have received this new information and**

1. **Agree to participate in the costing survey / do not agree to participate in the costing survey**
2. **Plan to continue to provide a dry blood sample / do not plan to continue to provide a dry blood sample**

I understand that if I have any additional questions I can always contact members of the research team. If I have questions about my rights as a research participant, I can call the the **Chairperson of** I can call the **Chairperson of [ERC/IRB NAME]** **Committee**, that works to protect my rights and welfare and reviews all research on human volunteers in **NAME OF COUNTRY]**  at: **INSTITUTION NAME, ADDRESS, PHONE NUMBER**

A copy of this document will be given to me.

Participant’s Name ( Print) Participant's Signature Date

Name of Person Obtaining Consent Signature Date

Name of Witness Signature of Witness Date