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

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

**LANGUAGE**

**ENGLISH**

**Procedural amendment: Exit Survey**

**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)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**

Everyone enrolled in the community adherence group, urban adherence group and FastTrack models of the **[Name of study]** will be invited to participate in an exit survey during their last study visit. The exit survey is on participant experience with their model of ART care. Among those who take part in the exit survey, 200 participants from each model will be randomly assigned (by chance) to answer questions on costs related to participating in the model.

You are being invited to take part in the exit survey because you are enrolled in the (community adherence group / urban adherence group / FastTrack) model of the **[Name of study].** If you agree, you will complete the exit survey here at the clinic or during your community/urban adherence group meeting. The exit survey will ask you about how acceptable, appropriate and feasible your model of care was for you, whether the model’s rules could be followed and your views on different aspects of the model such as access, efficiency and safety. It will take you about 30 minutes to complete the survey.

If you agree to participate in the exit survey and sign the consent form, you are agreeing to take part in the exit survey and to spend additional 10 minutes with us to answer more questions 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 exit survey without penalty or loss of benefits to which you are otherwise entitled.

If you refuse or decline, you can still continue with the procedures for your last visit including group meeting, collection of ART, completion of your clinical visit and 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 the program worked.

**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 exit survey / do not agree to participate in the exit 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 **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