**SAMPLE ORAL CONSENT SCRIPT**

**Household interview consent form for bio-assay net collection**

**Study Title:**

**Principal Investigator:**

**IRB No.:**

**PI Version, Date:**

**PURPOSE**

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am working with

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am here on behalf of the (NMCP, Research Institution). We are carrying out a research survey to find out how long nets actually last until they are too torn to be used for sleeping under.

Are you at least 18 years old?

Are you free to talk with me today?

Has your household received any nets during the campaign in \_\_\_\_\_\_\_\_\_\_\_ of 20\_\_?

**PROCEDURES**

If you agree to participate, I will ask you to give me one of the nets that you received from the campaign and I will replace it with a similar new net at no cost to you. I will also ask a few questions about your household and the mosquito net that we selected for collection.

Participation in the survey is completely voluntary and will only be done if you agree and you will have no disadvantage if you refuse. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. You will not receive any payment for your participation in this survey.

**RISKS/DISCOMFORTS**

The survey usually takes approximately 10 minutes to complete. There is a slight risk that someone might learn about your answers. We will do everything we can to prevent this. Your answers will not be shown to anyone outside of the study team.

**BENEFITS**

If you have any problems in hanging your new net, the survey team will be able to help you. Your participation in this study will also inform the authorities which measures to take to make nets last longer.

**VOLUNTARY PARTICIPATION**

You do not have to agree to be in this study, and you may change your mind at any time.

* Call the principal investigator, (name), at (phone number) if you have questions or complaints about being in this study.
* If you have any questions about your rights as a research participant, or if you think you have not been treated fairly, you may contact (National Ethics Committee contact person) with the National Health Research Ethics Committee at (phone number).

**PERMISSION TO PROCEED**

Do you agree to participate in the interview? Yes/No

“I have read the consent form completely before the study participant and the study participant voluntarily agreed to participate in the study.”

Print name of Person Obtaining Consent

Signature of Person Obtaining

Consent Date