

<b>Official Title:</b>	Evaluating Smoking Cessation and Harm Reduction Approaches Among People Living With HIV/AIDS in South Africa
<b>NCT Number:</b>	NCT06169813
<b>Study Number:</b>	22-00868
<b>Document Type:</b>	Informed Consent Form
<b>Date of the Document:</b>	<ul style="list-style-type: none"><li>• April 4, 2023</li></ul>

## APPENDIX C: Participant consent form – general

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PLACE BARCODE STICKER  
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### Declaration by the participant

By signing this form, I .....

Initial those that you agree to

1. Agree to take part in a research study titled: Evaluating smoking cessation approaches among people living with HIV/AIDS in South Africa .....  
.....
2. Agree that the research team may contact me in the future for a follow-up study .....  
.....

### ***In accordance with the provisions of the Protection of Personal Information Act 4 of 2013 (as amended), I hereby consent:***

- a. To my personal information (hereinafter 'data') being collected, processed, shared and stored in accordance with the research protocol as approved by the South African Medical Research Council's Human Research Ethics Committee (SAMRC HREC);
- b. To my anonymised data being shared, processed and transferred by third parties and between third parties, and where relevant beyond the jurisdictional borders of South Africa;
- c. To all findings and results flowing from my anonymised data being broadly shared and published on the conclusion of the research.

### **I am aware of the risks of the study, which are as follows:**

Risks of Nicotine Replacement Therapy:

Using nicotine replacement therapy may result in the following:

- some stomach discomfort or dizziness,
- headaches,
- insomnia (trouble falling or staying asleep),
- rapid heartbeat,
- or skin irritation when using patches

Risks of E-Cigarettes:

The use of e-cigarettes has shown an increased risk of health problems if used consistently in conjunction with cigarettes. You should aim to totally switch to e-cigarettes by the end of the intervention and you should NOT use other brands of e-cigarettes while you are participating in this study. Use of E-Cigarettes may cause the following:

- nausea or vomiting,
- abdominal pain,
- throat or eye irritation,
- insomnia,
- dizziness

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I am older than 18 years of age
- I have had a chance to ask questions and all my questions have been adequately answered.
- I know that taking part in this study is voluntary and I have not been forced to take part. I may choose to leave the study at any time without any problems.

Signed at:	_____	on (date)	_____
Name of participant	_____	Signature of participant	_____
Name of witness	_____	Signature of witness	_____

**Declaration by investigator (or person designated)**

I (name) ..... declare that I have explained the information in this document to ..... I have encouraged him/her to ask questions and took adequate time to answer them. I am satisfied that he/she adequately understands all aspects of the research, as discussed above.

Signed at:	_____	on (date)	_____
Name of investigator	_____	Signature of investigator	_____