

**MAKERERE UNIVERSITY COLLEGE OF HEALTH SCIENCES**  
**YALE UNIVERSITY**

**VERBAL CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

Hello, my name is \_\_\_\_\_ from Makerere University. I'd like to ask you to participate in a research study about ways in which we can improve TB contact investigation. This is an important intervention for finding undiagnosed people with TB in the community. We are asking you to be in this study because you will participate in quality improvement meeting called a community of practice that will be taking place at your clinic. We are interested recording the meeting proceedings so that we can gain insight on whether or not the meeting were an implementation success.

If you agree to be in this study, we every time you participate in these meetings we shall record all meeting proceedings using a recorder at your facility and these will be transferred to a secure password protected folder Box Secure. Recordings will NOT be transcribed or translated. All recordings will be deleted within 5 years, following completion of the COP fidelity checklist.

All opinions shared during these meetings in this will be kept confidential. Only key research staff will listen to the recordings. Taking part in this study is optional, and you can tell me if you want to stop being in the study at any time. Refusing to participate or ending your participation will not have any effect on your employment and any responses will be solely used for research purposes and not for performance evaluation.

Do you have any questions about the study?

Would you like to participate?

If you have questions about this study in the future, you can contact the study coordinator at phone number \_\_\_\_\_.