



Title of Project: Investigating the Impact of the Pulmonary Innate Immune Response and microbiome after exposure to Mycobacterium Tuberculosis – LIMBO-TB

Researchers: Helen McShane, Timothy Fredsgaard-Jones

REC ref: 24/EE/0070

IRAS ref: 337148

Please Initial

1. I confirm that I have read and understand the Participant Information Sheet version _____, dated _____, for the above study. I have had the opportunity to consider the information, ask questions and these have been answered satisfactorily.		
2. I understand that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. I understand that it may not be possible to destroy samples or research data previously gifted if they have already been used.		
3. I agree that relevant sections of my medical notes and data collected during the study can be reviewed by responsible individuals from the University of Oxford, the National Health Service, study monitors and regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.		
4. I agree that my GP can be informed of my participation, and I permit my GP to share my medical history with the research team if requested		
5. I understand that the samples (blood and sputum) collected will be considered a gift to the University of Oxford, and I understand that I will not derive personal or financial benefit beyond the explained volunteer compensation amount.		
6. I agree to the genetic analysis of my samples, as detailed in the Participant Information Sheet. I understand the results will not have implications for me personally.		
7. I understand that my data may be shared with other researchers in a form that does not identify me. These researchers may be outside of the UK.		
8. I agree to take part in this study.		
OPTIONAL - <i>The following are optional, answering "No" to any or all will not affect your ability to participate in the study.</i>	Yes	No
9. To avoid repeated testing, I agree that if I am not enrolled into this study and apply to enter another study conducted by the Jenner Clinical Vaccine Trials Group, my screening results may be used in that study, where appropriate.		
10. I agree that my contact details may be stored so that I may be informed of opportunities to participate in future vaccine related research. I understand that agreeing to be contacted does not oblige me to participate in any further studies.		

Signed: _____ **Date:** _____

Name: _____ (in block letters) **Volunteer number:** _____

Signature of Investigator: _____ **Date:** _____

Name of Investigator: _____ (in block letters)

When completed, photocopy and provide 1 copy to the volunteer. Retain original for the research file.