

CONSENT FORM FOR THE PARTICIPANT AND THE REPRESENTATIVE

Project title: MOVIE- Understanding viral load clearance in Mpox-positive patients.

Name of Principal Investigator/Project Investigator:

Oriol Mitjà (FIF) and Hypolite Muhindo (UNIKIN)

Version 2.0 14/07/2025

Declaration	Please initial or print your thumb* on each box
I confirm that I have read and understood the dated information sheet..... (version.....) for the study mentioned above. I have had the opportunity to review the information, ask questions and get satisfactory answers.	
I understand that my consent is voluntary and that I am free to withdraw such consent at any time without giving any reason and without affecting my medical care or legal rights.	
I understand that the relevant sections of my/participant's medical notes and data collected during the study may be accessed by authorized individuals from UNIKIN and FIF, when relevant to my participation in this research. I give permission to these people to have access to these records.	
I understand that data about me/from the participant may be shared through a public data repository or by sharing it directly with other researchers, and that I will not be identifiable from this information	
I understand that the tissue sample collected from me/the participant (including blood and swab samples) will be used to support further research in the future, and may be shared anonymously with other researchers, for their ethically approved projects	
I authorize that a copy of this consent form, which contains my personal information or that of the participant, be made available to the Study Coordination Centre for monitoring purposes only.	
I agree that I/the participant should take part in the above-mentioned study.	

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Participant's or Representative's printed name

Signature of Participant/Representative Date

(or fingerprint/mark if you can't sign)

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Printed name of the person obtaining consent

Signature of the person obtaining consent

Date

The participant/representative is not able to sign. As a witness, I confirm that all information about the trial has been provided and that the participant/representative has consented to participate (**required only if the participant/representative cannot read or write*)

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Printed name of impartial witness*

Signature of an impartial witness*

Date

A copy of this informed consent document was provided to the participant.

Participant ID Number:

Project title: TRACE - Assessing the transmission dynamics of MPXV in monkeypox cases and contacts and determining the secondary attack rate (SAR) in contacts of positive cases.

Name of Principal Investigator/Project Investigator:

Oriol Mitjà (FIF) and Hypolite Muhindo (UNIKIN)

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I understand that the relevant sections of my participant's medical notes/notes and data collected during the study may be accessed by authorized persons from the PLMPX-FHV, UNIKIN and FIF, when relevant to my participation in this research. I give permission to these people to have access to these records.	
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