INFORMED PARENTAL/CAREGIVER PERMISSION FOR A MINOR CHILD TO PARTICIPATE IN A RESEARCH STUDY

*Each **parent/guardian/caregiver** must receive, understand, and sign (themselves or representative) this document **before** any study-related procedure*

STUDY NUMBER: Wits HREC number: FWA Registered No IRB 0001223
UNC IRB number: 08-1735

SHORT STUDY TITLE: TB and IRIS in children receiving antiretroviral treatment – cohort study

SPONSOR: United States National Institute of Health

PRINCIPAL INVESTIGATORS:
South African co-principal investigators: Tammy Meyers, MD and Harry Moultrie, MD, MPH
US principal investigator: Annelies Van Rie, MD, PhD

INSTITUTION: The University of the Witwatersrand and the University of North Carolina at Chapel Hill

STUDY CONTACT NUMBER: 011 933 9630 or 076 730 1769

STUDY CONTACT EMAIL: harrym@witsecho.org.za

To the Participant: *This consent form may contain words that you do not understand. Please ask the study doctor or study nurse to explain any words or information that you do not clearly understand. You may take home **an unsigned copy of this consent** form to think about or discuss with family or friends **before making your decision.***

INTRODUCTION: What are some general things you and your child should know about research studies?

Good day, my name is _____ and I am a _____ at the Harriet Shezi Children's Clinic.

You are invited to consider participation of your child in a research study. Your child's participation in this study is entirely voluntary. You may refuse to give permission, or you may withdraw your permission for your child to be in the study, for any reason. Before agreeing to give permission, it is important that you read and understand the following explanation of the study purpose, the study procedures, benefits, risks, discomforts, and precautions.

This document is to help you to decide if you would like your child to participate. You should fully understand what is involved and be satisfied about all the procedures involved before you agree for your child to take part in this study. If you have any questions, do not hesitate to ask me.

If you decide to take part in this study, you will be asked to sign this document to confirm that you understand the study. You will be given a copy to keep.

PURPOSE OF THE STUDY:

Your child has been diagnosed with HIV infection and is eligible for antiretroviral treatment (ART). I would like you to consider giving permission for your child to take part in the research called "TB and IRIS in children receiving antiretroviral treatment".

Children living with HIV are at high risk of developing tuberculosis (TB). The purpose of this study is to determine how high the risk of TB is among children receiving ART and if the nutritional status of children influences the risk of developing TB. By determining your child's nutritional status and by carefully screening your child for the development of TB at time of their check-up visits to the clinic in the first two years of your child's ART, we will try to answer this question.

Some children treated with antiretroviral (ARV) drugs develop special symptoms after starting ARV drugs. These symptoms are called immune reconstitution inflammatory syndrome or IRIS for short. We will assess how many children develop IRIS (especially TB-IRIS or BCG-IRIS) and if the child's nutritional status is a risk factor for the development of IRIS.

We hope that a better understanding of the risk of TB in children receiving ART and a better understanding of how nutrition influences the risk of developing TB and IRIS will improve the care of children living with HIV.

LENGTH OF THE STUDY AND NUMBER OF PARTICIPANTS:

The study will be performed in Johannesburg. Approximately 672 children age 0 to 8 years will participate in this study. The total amount of time your child can participate in this study will be a maximum of two years. Except for three times (2 weeks, 16 days, and 6 weeks after start of the ARV treatment), we will not ask you to come to the clinic especially for the study.

PROCEDURES: What will happen if your child takes part in the study?

If you give permission for your child to take part in this study, we will ask you some questions about you and your child's health and your living conditions. Information on your child's health will be collected as part of your child's routine care at the clinic. We ask your permission to retrieve this information, including data on the clinical exams of your child, symptoms and conditions your child has had in the past or may develop in the coming years, and results of laboratory tests (including CD4 count, viral load, full blood count, haemoglobin, liver function tests) and other diagnostic tests performed for the care of your child.

In addition to the routine clinical exam we will measure the thickness of your child's skin (skinfold thickness) to have a more complete assessment of the nutritional status of your child, ask questions to check if your child has symptoms of TB or IRIS, and do a tuberculosis skin test two weeks after starting ART, for which your child will be asked to come back 48 to 72 hours later to read the result of the test. If your child develops symptoms of TB, we will perform tests to decide if your child has TB and needs TB treatment. These tests are the tests recommended

by the South African guidelines and include two sputum samples (induced sputum if your child cannot spontaneously produce a sputum specimen), a chest X-ray and a tuberculin skin test.

Over the entire two year study period, we will collect for the study a total of 30 ml of blood, which corresponds to one tablespoon of blood per year. This blood will be used for CD4 count, viral load and haemoglobin to carefully monitor your child's the response to ARVS, to measure the nutritional status of your child by testing for zinc and vitamin D, and to help us develop a new test to predict and diagnose IRIS.

For children receiving TB treatment at HAART initiation only: We will perform a chest X Ray 2, 4, 8, and 12 weeks after start HAART to see how your child's lungs responded to the treatment.

WILL ANY OF THESE STUDY PROCEDURES RESULT IN RISK, DISCOMFORT OR INCONVENIENCE?

This study involves no more than minimal risk and no chance of injury. Drawing blood and placing a skin test are part of routine medical care and present a slight risk of discomfort and a very slight possibility of infection. Only experienced personnel will perform the procedures under sterile conditions. A chest x-ray is a commonly used diagnostic procedure that exposes your child to small doses of radiation that should not create a risk to your child's health.

For children receiving TB treatment at HAART initiation only: The dose of radiation from the four chest X-rays that will be taken in the next 3 months is small, and corresponds to about one third of the dose of radiation everyone is exposed to each year just by walking around outside.

No medications will be tested in this study. The medications given to your child by the clinic nurses and doctors will be the drugs routinely prescribed for the treatment of HIV (and TB) in South Africa.

WHAT ARE THE POSSIBLE BENEFITS FROM BEING IN THIS STUDY?

The benefits to your child from being in this study are that your child will be diagnosed earlier with TB if your child develops symptoms of TB, and that the doctors will know earlier if your child fails his/her ARV treatment and needs other ARV drugs.

Research is designed to benefit society by gaining new knowledge. Your child's participation in this study will contribute to medical knowledge that may help other children who, like your child, are living with HIV in an area where many people suffer from TB and under-nutrition.

ALTERNATIVE CARE

Your child does not have to be in this research study in order to receive treatment at the clinic.

WHAT IF WE LEARN ABOUT NEW FINDINGS OR INFORMATION DURING THE STUDY?

You will be given any new information gained during the course of the study that might affect your willingness to continue your child's participation in the study.

RIGHTS AS A PARTICIPANT IN THIS STUDY: What if you or your child wants to stop before your child's part in the study is complete?

Your child's participation in this study is entirely voluntary and you can decline your child's participation, or stop participation at any time, without stating any reason. Withdrawal will not affect your child's access to medical care.

The investigators also have the right to stop your child's participation if the entire study is stopped.

EMERGENCY CARE AND HOSPITALIZATION

If your child is hospitalized during the study, we will ask you to inform the clinic so we can evaluate if your child was admitted for tuberculosis or IRIS.

FINANCIAL ARRANGEMENTS: Will it cost you anything for your child to be in this study?

It will not cost anything to be in this study. The study will provide payment for all procedures performed specifically for the research. All tests, visits or procedures other than what is done specifically for this study will be part of the usual care for your child's condition and would be performed even if you decided not to give permission for your child to be in the research study.

REIMBURSEMENT FOR STUDY PARTICIPATION: Will your child receive anything for participating?

You or your child will not be paid to participate in this study but your transport and time lost due to study participation will be reimbursed adequately. If your child participates for the entire two years, you will be receiving approximately 600 Rand in total (12 times 50 Rand, at start of HAART, 16 days, 2 weeks, 6 weeks, and every 3 months thereafter). You will not receive transport money for other visits to the clinic unless the visit is related to the study. In that case, you will be told in advance that you will receive transport money for the visit.

ETHICAL APPROVAL

After review, written approval of the study was granted by the University of the Witwatersrand, Human Research Ethics Committee and the Institutional Review Board of the University of North Carolina at Chapel Hill in the US.

SOURCE OF ADITIONAL INFORMATION: What if you or your child has questions about this study?

For the duration of the study, you will be under the care of the nurses and doctors of the Harriet Shezi Clinic. If at any time you have questions regarding the study, please do not hesitate to ask your health care worker. You can also contact the researchers listed on the first page of this form.

If you want any information regarding your child's rights as a research participant, or complaints regarding this research study, you may contact Prof. Cleaton-Jones, Chairperson of the University of the Witwatersrand, Human Research Ethics Committee, which is an independent committee established to help protect the rights of research participants at (011) 717 2301.

CONFIDENTIALITY: How will your child's privacy be protected?

All information obtained during the course of this study, including clinic records, personal data and research data will be kept strictly confidential. All research specific information will be kept in a password protected database or coded and stored in a locked closet only accessible to selected research personnel. The file linking the code to your child's name will be kept in a different and secure place, accessible only to the principle investigator and selected research staff.

Any information uncovered regarding your child's health as a result of your child's participation in the study will be held in strict confidence. The only exception will be cases of communicable diseases (such as tuberculosis) where a legal duty of Department of Health notification exists. In this case, you will be informed of the intent to disclose such information to the authorised agency.

A copy of this permission form will go in to your child's medical record. This will allow the doctors and nurses caring for your child to know what tests your child may be receiving as part of the study and know how to better take care of your child based on these results.

In some cases, your child's information in this research study could be reviewed by representatives of the University or Human Research Ethics Committees for quality control or to carry out their obligations relating to this study. You hereby authorise me to release your medical records to the University and these Research Ethics Committees.

No children will be identified in any report or publication about this study. Data that may be reported in scientific journals will not include any information that identifies your child as a participant in this study.

WRITTEN PARENTS/CAREGIVERS PERMISSION FOR PARTICIPATION OF CHILD:

- (Insert name) has provided me with a copy of the Parental/Caregiver permission for participation of a minor child in the study "TB and IRIS in children receiving antiretroviral treatment" and has fully explained to me the nature, risks, benefits and purpose of the study.
- The study doctor/nurse has given me the opportunity to ask any questions concerning the study.
- It has been explained to me that I will be free to withdraw my child from the study at any time, without any disadvantage to future care.
- I have understood everything that has been explained to me and I give permission for my child to participate in this clinical study.

Printed Name of research participant (child)

Printed Name of parent/ caregiver	**Signature / Mark or Thumbprint**	**Date and Time**

Printed Name of person obtaining permission	**Signature**	**Date and Time**

If applicable: TRANSLATOR/ OTHER PERSON EXPLAINING INFORMED CONSENT:……**(DESIGNATION):**

Printed Name	**Signature**	**Date and Time**

WITNESS (If applicable)**:**

Printed Name	**Signature**	**Date and Time**

VERBAL PARENTS/CAREGIVERS PERMISSION FOR PARTICIPATION OF CHILD :

(Applicable when participants cannot read or write or are incapable of giving consent)

- I, the undersigned, (Insert name of study doctor) have read and have explained fully to the parent/caregiver, named ..... and/or his/her relative/friend/legal representative, ...,the participant information leaflet.

The account I have given has explained both the possible risks and benefits of the study. The parent/guardian and/or his/her relative/friend/legal representative understands these.

The parent/guardian and/or his/her relative/friend/legal representative indicated that he/she understands that the child will be free to withdraw from the study at any time for any reason and without jeopardising his/her subsequent treatment.

I hereby certify that, the parent/caregiver and/or his/her relative/friend/legal representative, acting on his/her behalf, has given permission for the child to participate in this study.

Printed Name of research participant (child)

Printed Name of parent/ caregiver **Signature / Mark or Thumbprint** **Date and Time**

Printed Name of person obtaining permission **Signature** **Date and Time**

If applicable:

TRANSLATOR / OTHER PERSON EXPLAINING INFORMED CONSENT:……..…(DESIGNATION)

Printed Name **Signature** **Date and Time**

PARENT/LEGALGUARDIAN/LEGALREPRESENTATIVE/FRIEND:……(RELATIONSHIP)

Printed Name **Signature / Mark or Thumbprint** **Date and Time**

WITNESS:

Printed Name **Signature** **Date and Time**