Informed Consent Questionnaire

Informed Consent Questionnaire

Instructions:

Study number: 76978

- This questionnaire is intended to establish your understanding of the clinical trial that you are enrolling in. It will NOT affect your eligibility to enroll into the study.
- The questionnaire is anonymous- please DO NOT write your name (or any part of it) on the questionnaire
- Please tick the correct answer with a "x"
- Note that there may be more than one correct answer
- Thank you for completing the questionnaire

ARM	☐ ICD Only			
	☐ ICD & QA			
	_			
	☐ ICD & Presentat	ion		
	☐ Presentation & 0	QA		
	☐ ICD, Presentation	on & QA		
1	Questionnaire Nu	mber:		
•				
2	Highest level of E	ducation:		
	Primary school	High school	Tertiary education	Illiterate
3	Race:			
	Black	White	Coloured	Asian
4	Date of Birth:			
	Day (dd)	Month (mm)	Year (yy)	
5	Gender:			
	Male	Female		

6. You will be compensated for your participation in the following way:

R1860.00	R1860.00 and petrol money	Food, drink and accommodation	None, participation is voluntary

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7. After the trial:			
You will have to read the newspaper to get the results	The results will be broadcasted on T.V.	You will be informed of all findings related to your individual case	You will be informed in writing about the results of the trial.
8. You are entitled	I to:		
Nothing- you have been paid	The right of access to all the data collected during this trial	The right to all laboratory samples taken for all other volunteers	The right of access to your data
9. You may experi	ence:		
Bladder infection	High Blood Pressure	Ear Ache	Nausea, vomiting
10. As a result of y	our participation, you wil	l:	
Receive the newest care available	Not have access to a Doctor	Have a complete medical evaluation	Become famous
11. As a result of th	nis study:		
You might experience shortness of breath	The treatment of breathing difficulties will be improved	You will never have any shortness of breath	People in Africa will gain access to medicines which prevents asthma
12. After the study	you will		
Receive medication free of charge for 3 years	Be phoned to participate in a follow- up study	Follow-up investigations will be conducted within 72 hours	Never have any seizures

Informed Consent Questionnaire Study number: 76978 13. Currently, the following alternative treatment is available for wheezing or shortness of breath: Exercise Physiotherapy Theo-dur 5mg No alternative treatment is available 14. Your privacy will be protected in the following way: Your telephone Only your participant Staff will have access By confirming your number will not be number will be used to your personal details details with your next of during analysis recorded kin anywhere at all П 15. Any personal results from this study Will not be Will be communicated Will be communicated Will be communicated communicated to to your next of kin only to your insurance to anybody who needs anybody without company to know your permission П П П П 16. This study is sponsored by: **GSK** Novartis CH South-African Valpharma International Government П П П 17. Any records/data collected from you during the course of this study will Not be used for any May be used to collect Be made May be used to available for all other purpose other develop training national statistics follow-up studies than this study material as well

18. After the clinical trial, your biological samples (i.e. blood or urine) will be:

Stored for 10 years	Stored for 15 years	Stored for 5 years	Destroyed

19. A commercial product will be developed from your biological sample:				
True	False			
20. The doctor invo	lved in the study will be	acting as:		
Your physician	The Investigator	The Investigator and your physician	None	
21. It is the investig	ator's responsibility to			
Provide only seizure related care	Protect life and health	Protect, life, health and privacy	Protect, life, health, dignity and privacy	
22. Should you experience any adverse effects due to your participation to this study, you will:				
Receive medical care free of charge until you are healthy again	Have to pay for 10% of your medical care	Your medical aid will have to pay for your medical care	Receive nothing	
23. Should you die or be disabled as a result of your participation in this study, you or you family or dependants will receive:				
R100 000 from the Medicines Control Council (MCC)	No compensation	R100 000 from Rivopharm SA	Insurance coverage from Santam to indemnify you of any costs	
24. The right to compensation is legally guaranteed:				
True	False			

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		roved by the Ethics Committee for Medical te and the South-African Medicines Control	
True	False		