

Informed consent form:

I have read and/or I understand the contents of the information sheet and understand that I have been invited to participate, that my agreeing is fully voluntary, and that I can withdraw at any time.

Consent given:	Date:
Witness: (not parent or guardian/ study personnel)	Date:
Witness: (not parent or guardian/ study personnel)	Date:

This copy must stay with the surveillance officer, and be filed with the clinical data form.