

<IMPLEMENTING AGENCY LETTERHEAD>

<Project Director Name, Address, and Telephone Number>

Fact Sheet and Consent Form for Participation in the PLACE Study Patron/Worker Interview

IRB Study #

Title of Study: Priorities for Local AIDS Control Efforts (PLACE)

Principal Investigators:

- **<Name>**
- **<Phone Number>**

Sponsor:

Introduction:

This study has been approved by < > and the < > .

Your participation in this study is voluntary, and you may end your participation in the study at any time. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits.

This study involves research. The purpose of the research is to identify ways to improve HIV prevention and treatment programs to prevent more people from acquiring HIV. I would like to ask you a few questions to get some information necessary to develop and monitor the programs. I would like to ask you some questions about your behavior, including your sexual behavior. The interview should take 30 minutes of your time, and a rapid HIV test will take up to another 30–45 minutes. Your name will not appear anywhere on the survey and I will not ask your name, but the person who tests you for HIV may ask for your name in case you need follow-up medical care. You must agree both to the interview and the HIV test in order to participate.

Testing:

If you agree to the interview and testing, the testing will be done by trained people working with the County or District Health Team or other organizations committed to HIV testing and counseling. The County or District Health Team will not be able to link your name to this survey.

Testing is a benefit for you, because you might have HIV but not show any signs or symptoms of the infection. If you want to be tested, the tester will need to prick your finger for a drop of blood.

One drop will be used for the HIV test. The counselor will give you your results today, after the interview. The counselor will refer you to services and treatment if you need it. If you have a positive HIV test, you will be asked to provide an additional five drops of blood that will be sent to the lab to determine your level of infection. You can call the number on your participant card to get the results of that test if you would like.

Possible risks and benefits:

When trained medical personnel prick your finger, sterile equipment will be used to minimize discomfort or infection, but you may experience minor discomfort and bruising. Learning your HIV status may make you feel uncomfortable. Your test results will be provided by a trained counselor.

Some people feel anxious or embarrassed when asked questions about their behavior. Your participation is completely voluntary and you may decline to answer any specific question or completely refuse to participate. We would greatly appreciate your help in responding to these questions, even though we are not able to pay you anything.

Learning your HIV status is a personal benefit and your community will benefit from the results of this study, which will inform health programs here.

Confidentiality:

All data obtained through the interview will be stored in a manner such that the information about individual respondents is kept strictly confidential. Your name will never be used in connection with your interview responses and your name will not appear in any report. The only people who will see the questionnaire are people working on this study. Your HIV test results will not be shared with anyone but you.

Any information that links you to a specific venue or that could be used to ascertain your identity will be kept strictly confidential by the study team. Once information that may link you to a specific venue or that could be used to identify you has been removed, the remaining information you provide may be shared publicly or with third parties, without additional informed consent from you or your legal representative.

If you have any questions about this research study, you can contact <name> at telephone number < > .

Volunteer Agreement: Patron/Worker

By marking an X in this box, I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this survey have been explained to me.

Put X in box:

☐

Signature of Interviewer: _____

Date: _____