INFORMED CONSENT FORM
(FOR PATIENT)

PROJECT INFORMATION

Project Title: Digital Decision Support System (DDSS) Embedded Within a Larger Tele-Health Platform in Pakistan	Version & Date: V 1.0 (08-09-2023)
ERC Project No: 2023-8514-26533	Sponsor: Alliance for Health Policy and Systems Research, WHO
Principal Investigator: Dr Shifa Habib	Organization: Aga Khan University
Location: Karachi	Phone: 021-34864290, Ext.: 4829
Co-principal Investigator: Dr Hasan Nawaz Tahir	Organization: Aga Khan University
Location: Karachi	Phone 0336-2113143

PURPOSE OF THIS RESEARCH STUDY

This request form is for inviting you to participate in this survey which will provide valuable information to improve healthcare. It is designed to collect your feedback and experiences regarding the quality-of-service delivery and overall satisfaction. The survey will take approximately 10 minutes to complete. Please note that your answers will be kept confidential and will be for research purposes only. Your participation in this study is voluntary, and you have the right to know the research process and methods before deciding to give your consent. You have the right to decline participation at any time without facing any negative consequences or risks.

PROCEDURES:
If you agree to participate, you will be asked a series of questions related to the adoption of telemedicine. The questions will be semi-structured, meaning that there is a general outline of what to ask, but follow-up questions may be asked based on your answers. The interview is expected to last approximately 30-45 minutes. During and after the interview, your responses will be kept track of to ensure that your answers are understood correctly. It is important that you answer the questions honestly and without bias. Participation can be stopped at any time without facing any negative consequences or risks

POSSIBLE RISKS OR DISCOMFORT

Please note that there are no significant risks associated with your participation in this study, apart from the possibility exposal of confidentiality. We will take all necessary measures to protect your privacy and ensure that your information remains confidential.

POSSIBLE BENEFITS

Although there is no direct benefit to you as a participant, your involvement in this study may help to identify barriers and facilitators to the adoption of telemedicine in Pakistan. This information could ultimately benefit you and others in the longer term, as it may inform policy recommendations to enhance the quality and accessibility of healthcare services.

FINANCIAL CONSIDERATIONS

Your participation in this study will not involve any financial costs or compensation. However, we value your time and effort in contributing to this research, and we appreciate your willingness to participate.

AVAILABLE TREATMENT ALTERNATIVES

There will be no experimental treatment will be involved in this study.

AVAILABLE MEDICAL TREATMENT FOR ADVERSE EXPERIENCES
This study involves no risk, information provided by the participants will kept confidential.

CONFIDENTIALITY

Your privacy is of utmost importance to us. Any information you provide will be stored securely, and your identity and personal information will be kept strictly confidential, to the extent possible by law. Only authorized members of the research team will have access to the data collected. Study findings may be published, but your individual identity will not be disclosed in any publication. If you wish, we can share the study findings with you. We assure you that every effort will be made to maintain the confidentiality of your information.

RIGHT TO REFUSE OR WITHDRAW

Participation in this study is entirely voluntary. You have the right to refuse to participate in this study, and you can withdraw your consent and discontinue participation at any time without any penalty or loss of benefits to which you are otherwise entitled. If you choose to withdraw, please notify the investigator. Additionally, if any significant new findings that may relate to or influence your willingness to continue participation are developed during the course of this study, you will be provided with this information.

AVAILABLE SOURCES OF INFORMATION

Any further questions you have about this study will be answered by the Principal Investigator: Dr. Shifa Habib Phone Number: 021-34864290 Ext: 4829

Any questions you may have about your rights as a research subject will be answered by:

Name: Dr. Samrah Jawed Phone Number: - 03362113143

AUTHORIZATION

I have read and understand this consent form, and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study.

Certificate of Consent:

Tahir HN, *et al. BMJ Open* 2024; 14:e082167. doi: 10.1136/bmjopen-2023-082167

I have read the information sheet, or it has been read to me. I have had the opportunity to ask questions about it, and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this research.

Name of Participant_____
Signature of Participant _____
Date _____ OR Thumb print of Participant

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability, making sure that the participant understood the information provided above.
I confirm that the participant was allowed to ask questions about the study. All the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date _____

If you are harmed in any way by taking part in this research project,
there are no special compensation arrangements. If you are harmed by someone's negligence, then you may have grounds for legal action.
Regardless of this, if you wish to complain, or have any concerns about any aspect of the way you have been treated during the course of this study then you should immediately inform the Investigators (see above contact details).
Date: _____

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