

Appendix S1: Patient Informed Consent Form

Sr. No. _____

Date _____

Patient's Name _____

Age _____ Sex _____

I have been explained the details of the study entitled “**Multi-centric validation of ‘TB-Detect’ and ‘TB Concentration and Transport’ kit and ‘TB DNA extraction’ kit for the diagnosis of TB and drug resistant TB**” and my questions regarding the study have been answered to my satisfaction in a language understood by me

1. The nature and purpose of the study and its potential risks / benefits and expected duration of the study, and other relevant details of the study have been explained to me in detail.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal right being affected.
3. I understand that my participation in the study is confidential and that the information collected about me from my participation in this research and sections of any of my medical notes may be looked at by responsible individuals or from regulatory authorities where it is relevant to my taking part in research.
4. I consent to give my sample for the purpose of this study. I understand that on completion of the study or if I withdraw from this study my sample will be destroyed and I understand that if there is any problem with any of the tests of measurement then I will be informed and the report will be kept confidential.

I hereby provide the consent to take part in the study entitled “**Multi-centric validation of ‘TB Detect’, ‘TB Concentration and Transport’ kit and ‘TB DNA extraction’ kit for the diagnosis of TB and drug resistant TB**”

Signature/Thumb impression of the Patient

Signature of the Investigator

Name & Address

In case of any emergency, please contact:

- | | |
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| 2. Dr. Jaya Sivaswami Tyagi, AIIMS,
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