

Version 2 22/08/2019



Participant Number _____

CONSENT FORM – ADOLESCENT GIRL & HEAD OF HOUSEHOLD

Title of Study: Biofortification with Zinc and Iron for Eliminating Deficiency in Pakistan (BiZiFED2)

Dr. Sadia Fatima, Institute of Basic Medical Sciences, Khyber Medical University. Telephone: 0331 5812345. E-mail: drsadiafatima@gmail.com

Please read the following statements and **initial each box** to indicate your agreement.

- I confirm that I have read and understood the Information Sheet Version 2 dated 22nd August 2019 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
- I understand that the data collecting during this study will be anonymized and that only one lead researcher will be able to link the data to the participant via the use of an ID number.
- I agree that my data gathered in this study may be stored (after it has been anonymized) at the University of Central Lancashire in the UK.
- If I decide to withdraw from the study, I am happy for the researchers to retain and use any collected data up to the point of withdrawal.
- I agree to take part in the above study.

| | | |
|------------------------------------|---------------|--------------------|
| _____ Name of ADOLESCENT GIRL | _____ Date | _____ Signature |
| _____ Name of HEAD OF HOUSEHOLD | _____ Date | _____ Signature |
| _____ Name of researcher | _____ Date | _____ Signature |

1 copy for participant; 1 copy for researcher site file; 1 copy (original) to be kept with case record form