

## Sultan Qaboos University Hospital

## Part 2: Participant Consent Form

**Study Title:** Eradication of Carbapenem-Resistant Klebsiella Pneumoniae Gastrointestinal Colonization and Prevention of Secondary Bloodstream Infections with Oral Colistin (Double blind, placebo controlled trial)

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I have read the participant 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.

Print Name of Participant/First degree relative:
Signature of Participant/First degree relative:
Date:
If the participant is illiterate but gives oral consent, then a witness has to sign below:
Print name of witness:
Signature of witness:
Date:

## 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 made sure that the participant understands the information provided.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the participant has not been pressured into giving consent, and the consent has been given freely and voluntarily.

A copy of this informed consent and participant information sheet form has been provided to the participant.

Print Name of Researcher/person taking the consent:
Signature of Researcher/person taking the consent:
Date: