RV 306

Informed Consent Form for Additional Sigmoid Biopsy Collection

in the study

Study Title "Randomized, Double Blind Evaluation of Different One-Year Boosts after Sanofi Pasteur Live Recombinant ALVAC-HIV (vCP1521) and Global Solutions for Infectious Diseases (GSID) gp120 B/E (AIDSVAX® B/E) Prime-Boost Regimen in HIV-uninfected Thai Adults"

Date of Consent……..Month……Year……

Before signing this consent form of sigmoid biopsy collection, the investigator has explained to me the details of its objectives, process, possible risks, and benefits of the process. I understand those details well.

The investigator has confirmed me that s/he is willing to answer any of my inquiries and questions without hiding or concealing until I am satisfied.

I am willing to participate in sigmoid biopsy collection without being forced or persuaded. And I have the right to withdraw from sigmoid biopsy collection at anytime. Also, this cancelation will not affect both present and future treatments that I am entitled to.

The investigator will keep my information confidential as much as possible. Data collected, recorded, analyzed and reported will be used for academic purposes only and results from the study cannot be used to identify me personally by name

If there is any illness or injury occurring due to the sigmoid biopsy collection, I will be treated as stated in the information sheet given to study participants.

I have reviewed and received a copy of the informed consent form which is identical to another copy kept by the study staff.

I have received the above information. Then, I voluntarily sign this document.

I voluntarily participate in sigmoid biopsy process. Also, I acknowledge that I have the right to cancel this process at anytime without causing myself any disadvantages in the future.

Signature of Volunteer..……Date……..

Print Name ( )

Witness……Date……..

Print Name ( )

Witness……Date……..

Print Name ( )

Specimen collection for future use

I, ☐ Consent ☐ Do not consent

to store the sigmoid biopsy samples for future use in any study which related to this study's objectives. However, that study must be approved by the Institutional Review Board (IRB).

Signature of Volunteer..……Date……..

Print Name ( )

Witness……Date……..

Print Name ( )

I, ☐ Consent ☐ Do not consent

to permit to use my sigmoid biopsy samples for this study for any further genetics test.

Signature of Volunteer..……Date……..

Print Name ( )

Witness……Date……..

Print Name ( )

Optional: I choose not to have a witness or witnesses during the consenting process

Signature of Volunteer..……Date……..

Print Name ( )

I have clearly explained in details of objective, process, possible risks and benefit of the sigmoid biopsy collection to the volunteer named as above. S/he understands these aspects well and also sign this consent form.

Signature of officer who process the consent form ……...Date……

Print Name ( )