RV 306

Main Informed Consent Form for Study Participant

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, the investigator has explained to me the details of study objectives, study methodology, possible risks of the study, and study benefits. I understand those details well.

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

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

I have acknowledged that I will have blood test, medical examination, HIV blood test, genetic test, urine test, medical information collection and also will be asked to participate in optional specimen collection. I also understand that participation in this study is voluntarily.

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 this study, 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 acknowledged the above information. Then, I voluntarily sign this document.

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

Signature of Volunteer..…….Date……..

Print Name ( )

Witness……Date……..

Print Name ( )

Specimen collection for future use

I, ☐ Consent ☐ Do not consent

to store my specimens 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 specimens for this study for any further genetic testing.

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 study objectives, methodology, risk, or undesired symptoms or possible risks, as well as benefits of the study 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 ( )