RV 306

Informed Consent Form for Additional Cervical 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 to participate in cervical biopsy collection, the investigator has explained to me the details of the objective, process, possible risks, and benefits of the process. 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 cervical biopsy collection without being forced or persuaded. And, I have the right to withdraw from the cervical 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 cervical 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 acknowledged the above information. Then, I voluntarily sign this document.

I voluntarily participate in this cervical biopsy collection. Also, I acknowledge that I have the right to cancel this collection 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 the future use

I, ☐ Consent ☐ Do not consent

to store my cervical biopsy sample 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 cervical biopsy sample for this study for any further genetics 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 in details of objective, process, possible risks and benefit of the cervical biopsy collection to the volunteer named as above. She understands these aspects well and also sign this consent form.

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

Print Name ( )