

**PARTICIPANT'S INFORMATION SHEET**

Dear participant,

You are being invited to take part in a research study. Please take time to read the following information before deciding to participate in the study. Ask us if there is anything that is not clear, or if you would like more information. Thank you for reading this.

- 1) The study aims to determine the prevalence of HCV antibodies among patients attending a General Hospital in Emohua LGA, Rivers State, Nigeria.
- 2) The objectives of this study are to: study the level of HCV in a General Hospital in Emohua LGA, Rivers State, Nigeria. Investigate the prevalence of HCV among patient attending a General Hospital in Emohua LGA, Rivers State, Nigeria and ascertain the possible risk factors/variables associated with HCV transmission in a General Hospital in Emohua LGA, Rivers State, Nigeria

Name of Researcher-----

Contact detail -----

**CONSENT FORM**

Name of Researcher -----

Contact detail -----

I have read and understood the explanation of the above study and what will be required of me. My questions concerning the study have been answered. I also understand that my participation is voluntary and that I am free to withdraw from the study at any time without my normal care being affected. I understand that the information will be kept confidential.

I hereby agree to take part in the study

Name -----

Signature -----

Date -----