

**Parents/Guradians Consent form (for 5-11 years)**

Addis Ababa University in collaboration with Armauer Hansen Research Institute (AHRI), Oromia and the Southern Nations Nationalities Peoples Region (SNNPR) Health Bureaus, has planned to undertake a study on the prevalence and distribution of pulmonary tuberculosis with particular emphasis on the disease that is resistant to anti tuberculosis drugs.

I am requested that my child may participate in this study. It is very well explained to me and I have understood if the child diagnosed for this disease and the physician recommends, sputum samples for laboratory diagnosis will be given. Elaborate information is given to me about that I have got the right to or not to make my child participate in this study. My child however could as well discontinue from the study if I or my child are not interested in the participation at any time and this doesn't have any impact on the medical follow up procedures my child should obtain. Moreover an explanation is given to me for things which need to be clarified to me on behalf of my child. These include: my child will give three sputum samples, will be interviewed on personal and medical condition and about tuberculosis disease, and my child's clinical data including the HIV test result will be utilized for the study. Besides, I am told that no personal identifiers will be disclosed and will be kept confidential. With this, I therefore have voluntarily agreed to make my child participate on this study.

**Parent's/Gurdian's Name** \_\_\_\_\_ **Signature**-----**Date**-----

Nurses's Name \_\_\_\_\_ **Signature**\_\_\_\_\_ **Date**-----

Witnesses' Name \_\_\_\_\_ **Signature**\_\_\_\_\_ **Date**-----