**RESEARCH SUBJECT INFORMATION AND CONSENT FORM**

**Title:** Molecular epidemiology and virulence genes of *Staphylococcus* *saprophyticus* isolated from women with urinary tract infections in Lagos State, Nigeria.

**Investigator**: Alao, Felix Oluwasegun

**Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are invited to participate in a research study. You may decide whether or not you want to participate. Please take time to make your decision. Carefully read the following and ask any question that you may have. **(You may take home an unsigned copy of this consent form to think or discuss with your family and friends before making your decision).**

Thepurpose of this study is to carryout research on a germ that causes urinary tract infection (UTI). The expected duration of this study is two years, and a total of 384 subjects will be enrolled.

This research will enable one to know if it is there, the drug it is resistant to, which gene is responsible for this organism living in that part of the body, and if it causes infertility in women.

There is no risk or any discomfort to you, if taking part in this research study. The only sample that we need from you is your urine that will be analysed in the laboratory.

**BENEFITS**: Taking part in this study will benefit you because it will afford your physician to know appropriate antibiotic to recommend to you and also discover if this germ is the cause of your UTI.

**COMPENSATION**: No compensation will be provided for participating in this study.

**ALTERNATIVE PROCEDURES**: There is no alternative method of diagnosing your UTI than to collect your urine samples for analysis before commencing treatment by your physician.

**CONFIDENTIALITY**: The results of the study will be kept confidential with the exception of yourself and the investigators, and the samples and the results of the study will be used only for this research purpose.

**WHOM TO CONTACT**

In case of any further information please contact:

**Name:** Mr. F. O. Alao  **Tel. No**: 08034312275

If you have questions about your rights as a **subject** please contact:

Dr. P. U. Agomo **Tel. No**: 08033067920

**Vice-Chairman, Ethics Committee**

**Nigerian Institute for Medical Research, Yaba, Lagos**

Your participation is completely voluntary and you have the right to refuse to be in this study.

We will give you a copy of this consent form to keep. If you are willing to volunteer for this research, please sign below.

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**Subject’s Name Date Time**

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**Subject’s legally authorised Date Time**

**Representative**

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**Person obtaining consent Date Time**