



Be on the TEAM: Teenagers against Meningitis

Evaluating the effect of immunisation with group B meningococcal vaccines on meningococcal carriage

Name of Participant Participant initials ____ ____

PLEASE PRINT CLEARLY

Please initial each box that you understand each statement below.

- I have read the information sheet 'Be on the team; Teenagers against Meningitis' 'MenB-fHBP (Group 2)' version 3.1 dated 07-Aug-2018.
- I have had the opportunity to consider the information, discuss the study and to ask questions and have had these answered satisfactorily.
- I understand that my participation in this study is voluntary and that I am free to withdraw at any stage by advising the researchers, without having to give a reason.
- I agree to information being sought about my medical or vaccination history if necessary.
- I understand and give permission for information collected during the study be looked at, if necessary, by authorised individuals from the study team, or by persons from sponsor institute, host organisation or regulatory authorities where it is relevant to my taking part in this research.
- I agree to you storing the information I have provided as described in the information sheet.
- I agree to the study staff taking and storing throat swab as explained in the information sheet
- I agree to gift all samples provided by myself to the research team for storage and use in further research. I understand I will not gain any direct personal benefit from providing them or taking part in the study.
- I agree to you passing on anonymised data to other organisations which may include commercial organisations.
- I agree to you contacting me to remind me of swab/vaccinations.

Participant Signature Date ____ - ____ - ____
 DD-MMM-YYYY

Name of Study Staff

Study Staff Signature Date ____ - ____ - ____
 DD-MMM-YYYY