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INFORMED CONSENT FORM

Epidemiological dynamics and impact of intestinal parasite and schistosome infections among populations living in semi-rural and rural areas of southeastern Gabon.

CONTEXT AND OBJECTIVE

Intestinal and urogenital parasitic diseases caused by helminths, protozoa, and trematodes are among the neglected tropical diseases (NTDs) and are currently among the most widespread diseases worldwide. They are responsible for high morbidity rates in low- and middle-income countries. In Gabon, schistosomiasis and other parasitic diseases are endemic, with a geographical distribution closely related to the level of urbanization. This highlights the need to investigate the epidemiological situation of intestinal parasitic infections and schistosomiasis in three provinces of southeastern Gabon using a One Health approach, as well as to assess transmission dynamics and monitor epidemiological changes over time.

PROCEDURE

After your written consent and, where applicable, assent (for minors), you will be asked to answer a series of questions, followed by a clinical examination. Three types of biological samples—stool, urine, and blood—will then be collected in order to identify the parasites present. All information collected about you or your child will be kept strictly confidential. This study will be conducted over a period of three years, during which samples will be collected once every six months as part of a longitudinal follow-up.

Benefits of participation:

- **For participants:** all examinations will be provided free of charge, and participants will receive appropriate medications when indicated.
- **For the community:** participation in this study will generate data that may contribute to improved disease management and control strategies.
- **For research:** the data collected will contribute to a doctoral thesis in tropical infectiology and to other scientific publications.

I have read the information provided by the clinical investigator, or it has been read to me. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I voluntarily agree that I and/or my child participate in this study. I understand that I am free to withdraw from the study at any time without any consequence.

Study ID:

Participant

Full name:
Signature / Thumbprint (if unable to sign):
Date: / / 20.....

For illiterate participants

I confirm that I witnessed the reading of this informed consent form to the potential participant, who had the opportunity to ask questions. I confirm that the participant freely gave her/his consent.

Witness

Full name:
Signature: Date: / / 20.....

Investigator (or person obtaining consent)

Full name:
Signature: Date: / / 20.....

ASSENT FORM

(For children aged 12–17 years only)

The purpose and procedures of this study have been explained to me in a way that I can understand. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I agree to participate in this study.

Participant's full name:
Parent's or legal guardian's full name:
Signature:
Date:
Place:
Time (HH/MM): ____ / ____

INVESTIGATOR'S DECLARATION

I confirm that I have accurately read the participant information sheet to the potential participant and, as far as possible, ensured that the participant understood the study. I confirm that the participant had the opportunity to ask questions about the study and that all questions were answered accurately and to the best of my ability. I also confirm that the participant was not coerced and that consent/assent was given freely and voluntarily.

Name and signature of the investigator/person obtaining assent:

Name:
Signature:
Date:
Place:
Time (HH/MM): ____ / ____

Note: For any parent experiencing difficulty with the French language, a translation into the local language will be provided, in addition to the presence of at least one witness.