

## **CONSENT FORM FOR INTERVIEW WITH PARTICIPANTS FAMILIAR WITH DATA SHARING IN RESEARCH**

**Study Title: Examining the views of stakeholders in lower and middle-income settings on how public health research data should be shared.**

Thank you for your interest in taking part in this research. Before you agree to participate, the researcher must have explained the study to you. If you have any questions about the study, please ask the researcher before you decide whether or not to participate. You will be given a copy of the Information Sheet and this Consent Form to keep.

☐ I have had an opportunity to read the participant information sheet and discuss this study with a member of the research team. I have had my questions answered satisfactorily.

☐ I agree to take part in 1-2 interviews.

☐ I agree to the interview(s) being recorded

☐ I agree for a written record of the interview(s) to be shared with other researchers studying similar topics

OR

☐ I agree to be contacted by the researchers at the end of the study to learn about how the data will be shared with other researchers and decide if I agree to share my interview data.

☐ I understand that I can change my mind at any stage and it will not affect me in any way.

Signature:

Date:

Participant's name:

Time:

This study has been approved by the Mumbai Multi-Institutional Ethics Committee and the Ethics Committee at the Ethox Centre, Nuffield Department of Public Health, University of Oxford.