SUPPLEMENTARY MATERIAL

A randomized, open-label, non-inferiority clinical trial assessing 7 versus 14 days of antimicrobial therapy for severe multidrug-resistant Gram-negative bacterial infections: the OPTIMISE trial protocol.

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SUPPLEMENTARY METHODS

Institutional Review Board

Coordinating center (Hospital Moinhos de Vento) approval code/CAAE: 47366621.1.1001.5330

Participant sites	CAAE*
Hospital Municipal de Maringá	47366621.1.2010.5330
Hospital Geral Caxias do Sul	47366621.1.2005.5330
Hospital Santa Cruz do Sul	47366621.1.2011.5343
Hospital da Universidade Estadual de Londrina	47366621.1.2034.5208
Santa Casa de Misericórdia de Belo Horizonte	47366621.1.2017.5138
Hospital A.C Camargo	47366621.1.2018.5432
Hospital Vila da Serra (Inst Materno Infantil de Minas Gerais S/A)	47366621.1.2016.5330
Hospital do Tricentenario	47366621.1.2019.5330
Hospital Ana Nery	47366621.1.2013.0045
Hospital de Base do Distrito Federal	47366621.1.2004.8153
Hospital Ernesto Dornelles	47366621.1.2015.5304
Hospital Evangélico de Vila Velha	47366621.1.2020.5066
Santa Casa de Misericórdia de Passos	47366621.1.2014.8043
Hospital de Clinicas de Porto Alegre	47366621.1.2008.5327
Hospital Geral Cleriston de Andrade	47366621.1.2001.0052
Hospital Tacchini	47366621.1.2002.5305
HLOB - Hospital Dr. Léo Orsi Bernardes – Itapetininga	47366621.1.2026.5373
Inst Est do Cérebro Paulo Niemeyer	47366621.1.2012.5330
Hospital Presidente Vargas	47366621.1.2023.5085
Hospital da Cidade	47366621.1.2022.5606
Hospital São Lucas Sergipe - Rede Dor São Luiz	47366621.1.2024.8042
Hospital Universitário de Brasília	47366621.1.2006.5558
Hospital Estadual Geral de Goiânia - Alberto Rassi	47366621.1.2029.0035
Hospital Couto Maia	47366621.1.2036.0046
Hospital Naval Marcílio Dias	47366621.1.2035.5256
Hospital Baia Sul	47366621.1.2033.5355
Hospital Beneficência Portuguesa	47366621.1.2030.5483
Hospital OTO clinica	47366621.1.2025.5533
Hospital Regional do Oeste	47366621.1.2039.0116
Hospital São Lucas da PUCRS	47366621.1.2046.5336
Hospital Nossa Senhora da Conceição	47366621.1.2038.5530
Hospital Amaral Carvalho	47366621.1.2044.5434
Hospital São João Batista	47366621.1.2043.5237
Hospital Universitário do Piauí	47366621.1.2031.8050
Hospital São Vicente	47366621.1.2053.5698

Hospital Getúlio Vargas	47366621.1.2051.5613

*CAAE: approval code in each Institutional Review Board

Definitions used in exclusion criteria.

Primary site of infection that requires longer therapy: a. Endocarditis/endovascular infection; b. Necrotizing fasciitis; c. Osteomyelitis; d. Abdominal abscess or other abdominal infections requiring surgical intervention, excluding infections that have been treated surgically with curative intent in the first 3 days of appropriate antimicrobial therapy (e.g., cholecystitis treated by cholecystectomy, cholangitis treated by biliary drainage, appendicitis treated by appendectomy); e. Central nervous system infections; f. Empyema; g. Periprosthetic infections;

Immunosuppression: neutrophil count <1000 cells/mm^3 during current hospitalization; diagnosis of HIV/AIDS with latest CD4 count <200 cells/mm^3 ; solid organ transplant <1 year post-transplant and/or need for increased immunosuppression due to acute rejection within the last year; hematopoietic stem cell transplant <1 year post-transplant and/or on therapy for chronic graft- versus-host disease). Other forms of immunosuppression are not considered an exclusion criterion for the purposes of this trial.

Definitions of infection according to each site

The criteria were adapted from the 2017 Anvisa Diagnostic Criteria Manual for Health Care-Associated Infections (*Manual de Critérios Diagnósticos de Infecções Relacionadas à Assistência à Saúde*) [1]:

- Primary bloodstream infection (PBSI): defined as identification in one or more blood cultures of a bacterial or fungal pathogen not implicated in infection at another body site, plus at least one of the following: fever (temperature ≥ 38ºC), chills, or hypotension (systolic blood pressure ≤90mmHg). If the etiologic agent is a potential skin contaminant, such as *Corynebacterium spp.* (except *C. diphtheriae*), *Bacillus spp.* (except *B. anthracis*), *Propionibacterium spp.,* coagulase-negative *Staphylococcus*, viridans-group *Streptococcus*, *Aerococcus spp.,* or *Micrococcus spp*, two or more positive blood cultures collected at different times or sites are required.

- Central venous catheter-related bloodstream infection (CRBSI): defined as presence of the aforementioned criteria for primary bloodstream infection in a patient with a central venous catheter plus growth of the same microbial pathogen (same species and same antimicrobial susceptibility profile) in the catheter tip (> 15 CFU/plate for “roll plate” or “semi-quantitative” techniques and >100 CFU/mL for “quantitative” techniques), or growth occurring at least 120 minutes faster in a sample collected from the catheter as compared to a sample collected via peripheral venipuncture.
- Bloodstream infection secondary to another site: defined as identification of a pathogen in a blood culture in the presence of clinical suspicion (and microbiological confirmation) of infection at another site. Definitions of infections at other body sites will be clarified below.
- Pneumonia: defined as presence of all of the following:
    - ❖ new, worse, or persistent consolidation, infiltrates, and/or cavitation (in patients with underlying heart or lung disease, this must be confirmed in at least two radiographs or scans) on chest imaging (plain radiography or CT scan) **AND**
    - ❖ at least one of the following signs and symptoms indicative of infection: fever (axillary temperature >38.0°C), leukopenia (white blood cell count <4,000 cells/mm^3) or leukocytosis (white blood cell count above 12,000 cells/mm^3) or altered level of consciousness (in patients aged ≥ 70 years); **AND**
    - ❖ at least one of the following: new purulent sputum, change or increase in respiratory secretions; new worsening cough, dyspnea, or tachypnea (defined as >25 breaths per minute in adult patients); presence of crackles or rhonchi on auscultation; and worsening gas exchange (desaturation, increased oxygen requirement or increased ventilatory parameters) **AND**
    - ❖ culture-positive respiratory secretions (quantitative for tracheal aspirate, bronchoalveolar lavage, or protected brush specimens), pleural fluid, lung tissue OR positive blood cultures (in the absence of another focus of infection).
- Tracheobronchitis: defined as absence of radiological findings of pneumonia, positive tracheal aspirate or bronchoscopy cultures, and presence of at least two of the following signs and symptoms: fever (>38ºC), cough, new or increased respiratory secretions, rhonchi, or wheezing.
- Sinusitis: defined as positive culture of material obtained from the sinus cavity plus at least one of the following signs and symptoms (in the absence of other causes):

fever (>38ºC), facial pain or tenderness, headache, nasal congestion or purulent nasal exudate, **OR** radiological evidence of sinusitis (plain radiography, CT, or ultrasound).

- Ventilator-associated pneumonia: defined as presence of the aforementioned criteria for pneumonia in a patient who has been on invasive mechanical ventilation for at least 48 hours before the onset of symptoms.
- Urinary tract infection: defined as a urine culture showing growth of no more than two distinct microbial species at $>10^5$ CFU/mL plus at least one of the following signs and symptoms of infection: fever (>38.0ºC), suprapubic pain, low back pain, dysuria, and urinary frequency and/or urgency.
- Skin and soft tissue infection: defined as presence of redness, pain, warmth, and swelling of the skin and/or soft tissues with or without purulent discharge (suppuration) **AND** fever (axillary temperature >38.0°C) or leukocytosis (white blood cell count >12,000 cells/mm^3). The causative pathogen should be identified on blood cultures or culture of aspirate obtained aseptically from the lesion or affected tissue.
- Surgical site infection: defined as infection that occurs within 30 days after a surgical procedure; may involve only the skin and subcutaneous tissue (superficial incisional surgical site infection), soft tissues deep to the incision (deep incisional surgical site infection), or any organ or space that was opened or manipulated during the procedure (organ or space surgical site infection). In any of the aforementioned cases, diagnosis will only be confirmed if the participant presents with at least one of the following: purulent drainage from the surgical incision, positive culture of drainage or tissue (obtained aseptically; swabs are not considered valid specimens), or local inflammatory signs/symptoms, such as pain, redness, swelling, warmth, wound dehiscence, and abscess (diagnosed clinically or radiologically).
- Abdominal infection: defined as
    - ❖ microbiological diagnosis (obtained by blood cultures, peritoneal fluid, or stool culture).
    - ❖ diarrhea lasting >12 hours with no other non-infectious cause or chronic condition that would justify it **OR** at least two of the following: nausea, vomiting, abdominal pain, fever (>38°C), and headache **OR**
    - ❖ imaging or histopathological evidence of gastrointestinal tract infection, with no signs of abscess **AND** at least two of the following: nausea, vomiting, abdominal pain, and fever (>38°C).

- Infection at other sites (defined by the care team): will be accepted in case of positive cultures from the site considered the primary site of infection plus local and systemic signs of active infection.
- Infection of unknown primary site: Infections confirmed through microbiological diagnosis in blood cultures that do not fit the aforementioned criteria. It is not considered a primary bloodstream infection because it has a suspected, but unconfirmed, primary site.

For all sites described above, signs, symptoms and laboratory abnormalities must be evident within a 7-day window.

STable 1 Monitoring and data collection timetable.

Study phase	**Screening**	**Randomization**	**Follow-up**			
Study days	-7 to 0[a]	0 (±1)[b]	1 to 14	1 to 28	14	28
Study procedure						
Eligibility criteria	x					
Informed Consent Form	x					
History taking	x					
Infection data	x					
Vital signs	x					
SOFA score	x					
Hemodynamic stability	x	x	x		x	
Randomization		x				
Creatinine		x		x		
Diarrhea and *Clostridioides difficile* infection		x			x	x
Relapse of infection					x	x
Death				x		
Other infections					x	x
Daily checklist				x		
Adverse event monitoring				x		

[a] Day 0 is the day of randomization.

[b] A window of ± 1 day is allowed for randomization.

Statistical analysis

Baseline

Participants' baseline characteristics will be presented as absolute (n) and relative (%) frequencies. Continuous variables will be expressed as mean and standard deviation (SD) or median and interquartile range (IQR), as appropriate. All variables will be presented by the study arm, but no formal statistical hypothesis testing will be performed to avoid unnecessary testing.

Secondary outcomes

The following statistical procedures will be used to assess the secondary outcome of the study:

(i) Days alive and free from hospitalization: Student's t-test for independent samples will be used if the variable is normally distributed or the Mann–Whitney U test otherwise;

(ii) Days alive and free from any antibiotic therapy: Student's t-test for independent samples will be used if the variable is normally distributed or the Mann–Whitney U test otherwise;

(iii) Length of ICU stay (among survivors): Student's t-test for independent samples will be used if the variable is normally distributed or the Mann–Whitney U test otherwise; and

(iv) Differences in the occurrence of infections caused by other Multidrug-Resistant Gram-negative bacteria (MDR-GNB) or other bacteria, acute kidney injury, diarrhea, confirmed *Clostridioides difficile* infection, hemodynamic instability lasting more than 6 hours between days 0 and 14 of the study, and other adverse events related to antimicrobial therapy will be compared using chi-square test.

STable 2 Main OPTIMISE protocol modifications.[a]

Version	Date of IRB approval	Modification
1	02/June/2021	Not applicable
2[b]	22/June/2021	1. Requirement of hemodynamic stability before randomization reduced from 48 to 24 hours. 2. The mean arterial pressure cutoff point was changed from 70 to 65 mmHg. 3. Hemodialysis as an exception for accepting vasoactive drugs at a low dose (noradrenaline at a dose <0.1mcg/kg/min). 4. Randomization in blocks of 2 and 4. 5. Reduction of the acceptable time window for the duration of antimicrobial therapy in each arm from ±2 days to ±1 day.
3	01/September/2021	1. Requirement of hemodynamic stability before randomization modified from 24 to 48 hours as in the first version of the protocol. 2. Addition of "known pregnancy" as an exclusion criterion.
4	24/September/2021	1. Inclusion of the secondary outcome "hemodynamic instability lasting >6 hours (within 14 days of randomization)" 2. Addition of interim analysis when 25%, 50% and 75% of the sample have been recruited. Previously, only one interim analysis was expected to occur (with 50% of participants). 3. Addition of the analysis of each component of the primary outcome in the interim analysis, along with "hemodynamic instability lasting >6 hours (within 14 days of randomization)". 4. Addition of the stopping rule for any of these outcomes.
5[c]	27/June/2022	1. Inclusion of pneumonia as a criterion defining severe infection, regardless of the presence of sepsis. 2. Addition of "the care team's agreement with the inclusion of the participant in the research" as an inclusion criterion. The study has been conducted this way, but this has not been formalized as a specific criterion. 3. Only not controlled concomitant infections by another Gram-negative bacteria, as assessed by the assistance team and the principal investigator at each site, was an exclusion criteria. Previously, any concomitant infections by another Gram-negative bacteria, regardless of the clinical status and period of therapy, resulted in exclusion from the study. 4. The mean arterial pressure cutoff point was changed from 65 to 60 mmHg.

5.1	05/September/2022	1. Addition of a detailed definition of which intra-abdominal infections would characterize an exclusion criterion. 2. Addition of exclusion criteria: “Patient on palliative care only for whom initiation of antimicrobials, if necessary, or hemodynamic support measures (e.g., initiation or up-titration of vasopressors) has already been decided against” 3. Definition that the patient must be at least 48 hours at intensive care before the onset of the infection. This concept is described in the adopted criteria for unit-related infection definition used in the study. We added it explicitly as a separate item.
5.2	02/June/2023	1. Adjusting the statistical analysis plan. The definition of noninferiority in primary in intention to treat, but also in the per protocol population was not explicit. The statistical tests for the secondary outcomes were not presented in previous versions.

[a] Other modifications that did not affect the study design were done, such as inclusion of authorship criteria; inclusion of acronym OPTIMISE Trial; and addition or removal of participant sites.
[b] The modifications of the second to fourth versions of the protocol were done before study initiation.
[c] Modifications done after study initiation.

Authorship criteria

To participate as an author of the main manuscript, it is necessary to fulfill the criteria of the *International Committee of Medical Journal Editors* (ICMJE) [2]. The ICMJE recommends that authorship be based on the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or reviewing it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Additionally, the specific criteria for selecting authors of randomized clinical trial publications, as defined by the IMPACTO-MR research platform, are described below:

- Up to 8 authors of the coordinating site that fulfilled the ICMJE criteria will be included;
- One author of each other IMPACTO-MR platform coordinating hospital that fulfilled ICMJE criteria;
- Members of the participating centers as described in STable 2 will be invited to contribute to the manuscript writing and revision.

A total of 40 to 50 authors are estimated for the main manuscript.

STable 3 Rules for authorship and collaboration in studies.

Condition		Maximum number of authors
I	1st to 5th centers with the highest inclusion of patients	2 authors per center 2 or 3 researchers per institution will be recognized as collaborators
II	6th to 30th centers with the highest inclusion of patients	1 author on main article 2 or 3 researchers per institution will be recognized as collaborators
III	from the 31st center in patient inclusion with at least 5 patients included	If there are centers that meet this condition, the criteria for authorship and collaboration are: 1 author on main article 2 or 3 researchers per institution will be recognized as collaborators
IV	from the 31st center in patient inclusion with less than 5 patients included	2 or 3 researchers per institution will be recognized as collaborators

Informed Consent Form

Patient Initials: _____ Patient Number: _____

You (or your family member) are being invited to participate in the OPTIMISE study (A randomized, open-label trial to assess the noninferiority of 7-day antibiotic therapy compared to conventional 14-day therapy in multidrug-resistant Gram-negative bacterial infections), a clinical trial sponsored by the Unified Health System Institutional Development Support Program (PROADI-SUS) in partnership with the Brazilian Ministry of Health and the Brazilian Health Regulatory Agency (ANVISA). This project is coordinated by 5 hospitals, all of which are centers of excellence located across Brazil: Hospital Alemão Oswaldo Cruz (SP), Hospital do Coração (Instituto de Pesquisa Hcor/SP), Hospital Israelita Albert Einstein (SP), Hospital Moinhos de Vento (RS), Hospital Sírio Libanês (SP), and Hospital Beneficência Portuguesa (SP).

We would like to provide some additional information before you (or your family member) decide to participate. One of the researchers will explain the objectives of the study in detail and clarify why you or your family member can participate. Participation in this study is completely voluntary. If you or your family member agree to participate, you or your family member will receive a signed copy of this document that contains all the explanations, initialed on all its pages and signed at the end by the researcher and by you or your family member.

This study is being done in support of the National Action Plan for the Prevention and Control of Antibiotic Resistance, which is when an infection cannot be treated with the antibiotics now commonly available.

You or your family member will not be given any experimental medication, nor will you receive any medication other than what will be used for treatment during your stay in the Intensive Care Unit (ICU) and/or hospital ward. This study focuses only on the duration of

antibiotic treatment. The standard duration of antibiotic treatment is 14 days. The study intervention is to stop treatment at only 7 days of antibiotic use if the patient is stable, with no sign of active infection. If you agree to participate, your doctor will assess your health condition to check if you can indeed take part in this study. Once you are considered eligible to participate by your doctor, lots will be drawn (a process called randomization) to place you in one of two groups: a group in which duration of treatment will be based on clinical response (a 7-day course of antibiotics), that is, on the improvement of your signs and symptoms of infection; or a group in which treatment will last the usual 14 days. You will have an equal chance of being placed into either of these two groups. Both you and your doctor will know which group you are in. You have every right to refuse to participate (or to refuse your family member's participation). You also have the right to drop out of the study at any time even if you agreed to participate at first, without any prejudice to your treatment or follow-up at this hospital.

What are the study interventions and procedures?

The study intervention is limited to deciding how long you will receive antibiotic(s) for the treatment of your current infection. If, after randomization, you or your family member are placed in the group in which treatment duration will be based on clinical response, that is, on improvement of the signs and symptoms of your infection (7-day course of antibiotics) and you or your family member later develops new signs and symptoms that suggest a relapse of the infection or a new infection after the antibiotics have been stopped, the study does not place any restrictions on resuming or restarting antimicrobial therapy. In other words, your doctor and the ICU team are free to start you on antibiotics again if this happens.

The study intervention is focused only on the duration of antibiotic treatment; the choice of antibiotic itself will depend on the best available treatment, at your doctor's discretion.

Therefore, if you or your family member agrees to take part in the study, we will proceed as follows: on the 7th day of antibiotic treatment for the current infection, if the patient (you or your family member) is stable, without any sign of active infection, you or your family member

will be randomly selected to either stop the antibiotics right away (based on evidence that the infection has improved) or continue taking them for a further 7 days (which is the usual duration of treatment).

This intervention is based on other studies, conducted overseas, which proved that a 7-day course of antibiotics is just as effective as a 14-day course of antibiotics for several types of infection. We aim to demonstrate that this treatment strategy can also be applied in patients with infections caused by bacteria resistant to several antibiotics. Furthermore, there is a potential benefit that the shorter treatment time will reduce the rate of antibiotic side effects and the number of new infections by resistant bacteria. If the patient develops signs that the infection has returned (or any other evidence that the physician believes justifies restarting treatment with the antibiotic), the study does not impose any restrictions on resuming antimicrobial therapy. The patient will be completely covered in this regard.

To assess the intervention tested in the study, data will be collected from the patient's medical record (vital signs, signs and symptoms, results of laboratory and imaging tests) for 28 days after the start of the study follow-up period. Samples collected during hospitalization for culture (to identify which bacteria caused the infection) may be sent to a central study laboratory to confirm whether the bacteria are resistant to antibiotics (this is called antimicrobial susceptibility testing). If, during this period, you or your family member are discharged from hospital, we may call you to find out how you or your family member are doing. This call will be made from a mobile phone with area code 51 and will be recorded. All information collected during follow-up and during the telephone call will be kept confidential.

What are the possible risks of participating in this study?

No experimental medications or new treatments will be tested on you or your family member. As the only intervention of the study concerns the *duration* of antibiotic therapy, the expected risk concerns a possible recurrence of infection, which could be serious (sepsis) and even lead to death. However, we would like to stress that, in the event of any sign of reinfection or a new infection, your doctor and all other members of the ICU team will be free to resume

antibiotic treatment and provide any other support that you or your family member may need. In addition, there is a risk of breach of secrecy and confidentiality regarding your information. However, this risk is minimal, as your (or your family member's) data will be completely anonymous on the research platforms, identified through numbers alone, preventing identification of the participant.

What are the possible benefits of participating in this study?

You or your family member will not gain any direct benefits from participating in this study. However, in the future, the data obtained in this study may contribute to improved clinical practice, including better treatment of hospital-acquired infections in patients admitted to ICUs across Brazil.

You will be helping researchers, doctors, and other medical professionals obtain the best evidence for the treatment of infections caused by bacteria resistant to multiple antibiotics ("superbugs") in the Intensive Care Unit setting. This will allow a large-scale reduction in the use of antibiotics and, consequently, help reduce antimicrobial resistance.

Will I be compensated for any study-related damages?

Patients will be guaranteed medical attention throughout their participation in the study and all of their rights will be safeguarded, which includes assurances of compensation for any damages resulting from the study, both during their participation and until the completion of this research project. Patients will be ensured immediate and comprehensive care of any complications or damages resulting from their participation in the study for as long as necessary.

During participation, study staff will take the utmost care to ensure that no harm is done and that any risk is minimized. Everyone who works in this study is trained to ensure that every effort is made to prevent any problems from happening before they could cause any harm or discomfort to the patient.

If you or your family member suffer any illness or harm – direct or indirect, immediate or delayed, expected (i.e., provided for in this consent form) or unexpected – which is proven to

be related to your participation in the study, the study sponsor guarantees you will receive complete and immediate assistance, entirely free of charge, for as long as you need it.

Will I be paid or otherwise compensated for my participation in this study?

You or your family member will not derive any financial gain from participating in this study, but your participation in the study also involves no cost to you or your family member, as your participation (or that of your family member) will occur entirely during your stay at the hospital. In other words, there will be no reimbursement or any other type of financial compensation.

Who will have access to my medical records? Will my information be kept confidential?

If you agree, your private physician will be informed of your participation (or that of your family member) in this study. This study can only be conducted if we collect and use your clinical information. All records of your participation (or that of your family member) in this study will be kept secret and confidential; access to these records will be restricted to people connected to the study (researchers and representatives of the study sponsor), who will transfer the clinical information to specific, anonymized forms (in which any information that might identify you will have been removed) and make sure that the study is being conducted properly. Throughout this study, you or your family member will only ever be identified by a number code. The confidentiality and privacy of all information will be assured. Your name, or that of your family member, will never be identified in any study report or publication.
The results of this study will be disseminated for academic and scientific purposes. In accordance with the Constitution of Brazil (article 5, item X), the rules and regulations of the Federal Board of Medicine, and current national and international ethical guidelines, your privacy, private life, reputation, and likeness will be safeguarded; therefore, no information that might reveal your identity will be included in these publications. Once they have been published in scholarly publications, your data collected as part of this study will become public and may be shared with other researchers upon request and after review by the study

coordinating center, with the purpose of supporting new studies or sub-studies. The legal and ethical commitment of not revealing any data that might identify you will remain in place. By agreeing to participate in this study, you are giving your permission for both types of publications described above.

Contact information (in case of questions or emergencies)

This study was approved by the **Hospital Moinhos de Vento** Research Ethics Committee. The Ethics Committee is a group that conducts an ethical review of the study before it begins, and an ongoing ethical review once the study has begun, to protect your safety and safeguard your rights. If you have any questions regarding the ethical aspects of this study, please feel free to contact the **HMV Research Ethics Committee** by phone: (51) 3314-3537; or in person: Rua Ramiro Barcelos, 910 – 4º andar – Prédio A, Bairro Floresta, Porto Alegre - RS, 90035-000. The study team will be available to answer any questions you may have before, during, and after the study.

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Declaration of consent:

I hereby declare that I agree to take part in this clinical trial OR authorize my family member to take part in this clinical trial.

		Fingerprint
Full name of participant	Signature:	

Date: _____/_____/_____

Full name of participant's legal guardian/proxy or impartial witness	Signature:	Relationship to participant:

Date: _____/_____/_____

LEGAL GUARDIAN / PROXY / IMPARTIAL WITNESS - I hereby confirm that the information contained in this consent form was accurately explained to me/the research participant; was understood by me/the research participant; and that consent was given voluntarily by myself/the research participant.

		( ) Investigator ( ) Coordinator ( ) Sub-investigator ( ) Data Collector ( ) Nurse
Full name of investigator who obtained consent:	Signature:	Role in the study:

Date: _____/_____/___

REFERENCES

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