

RSV-159/12



ST. JOHN'S NATIONAL ACADEMY OF HEALTH SCIENCES

Sarjapur Road  
Bangalore - 560 034, INDIA

**PATIENT INFORMATION SHEET: Study of RSV virus and chest infection**

**Department of Pediatrics,  
St John's National Academy of Health Sciences, Bangalore**

**Study Title**

Prevalence, clinical features and clinical outcome of Respiratory Syncytial Virus infection among children 1 month to 5 years hospitalized with acute lower respiratory tract infection.

**Introduction and purpose of the study**

Your child is invited to be a part of a research study involving children a chest infection that may be caused by a virus called RSV. The study will take place at the St Johns hospital clinic where you normally visit the doctor. We are conducting this study to clearly understand the clinical features and outcome of this illness.

**Does my child have to take part in this study?**

It is up to you to decide whether or not your child should take part. If you do decide that your child can take part you will be given this information sheet to keep and be asked to sign a consent form. If you change your mind, you are still free to withdraw your child at any time and without giving a reason. This will not affect the standard of care your child receives.

**What does my child have to do in this study?**

If you agree to have your child join this study, you will agree to these things:

1. A test to collect nose fluid will be done with a small tube. This is a routine test in many places where the diagnosis of RSV and other "cold" viruses is desired. All other tests are routine tests that are normally requested during the course of your hospital stay.

**What are the risks in taking part in this study?**

There may be slight temporary discomfort while the nose test is done. However this is a safe procedure and will be performed by your doctor or trained personnel.

**What are the benefits?**

There is no direct benefit to you for participating in this study, but your cooperation would help us to understand the features of this infection to improve the diagnosis and treatment.

**Confidentiality**

All answers that you give and your blood test results will be kept private.

**Your right to withdraw**

You do not have to take part in the study and if you do decide to take part you may change your mind later at any time. You do not have to give a reason if you change your mind. Nobody else will be told about your decision. If you decide not to take part at any time you will still be able to obtain the usual care from the doctor in the clinic

**Problems or questions**

If you have any questions about the study you may contact your doctor, whose details will be provided to you. You will also be asked to provide your own address and contact details in case the study organizers need to contact you.

- Dr. Sandesh Kini, Post-graduate, Paediatrics, St Johns Hospital, Tel No: 9844990309
- Dr. Anita Shet, Paediatrics, St Johns Hospital, Tel No: 22065284, Mobile No: 9980524512
- Dr. Sylvan Rego, Paediatrics, St Johns Hospital, Tel No: 22065284

*Thank you for taking part in this study.*

*I voluntarily agree for my child to take part in the study of RSV and chest infection*

*I have been informed, in oral and written form, about the potential health effects of me in this study, as well as the study plan and goal. The possible harms and discomforts and the possible benefits of this study have been explained to me. All my questions have been answered. I am aware that I can withdraw at any time and for any reason from this study. In particular my enrolment and/or withdrawal from the study will not affect the chances of attending clinic in order to get routine care. I understand that I will participate in this study only after my independent decision to participate in this study.*

**Participant: Name**

**Signature**

**Date**

**Person  
obtaining  
consent:**

**Investigator:**

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