

Consent form

<u>Title of Proposed Study:</u> A randomized controlled study to evaluate the effect of pharmacist-led educational intervention on antiretroviral adherence among HIV infected patients.		
<u>Affiliation of researchers and contact information</u>		
<u>Student</u> Name: Zeenat Fatima Chatha Degree: M.Phil. Department: Pharmacy Practice University: Quaid-i-Azam University Islamabad	<u>Supervisor</u> Name: Prof. Dr.Gul Majid Khan Designation: Chairman Of Department Department: Pharmacy University:Quaid-i-Azam University Islamabad	
<u>Short description of the purpose and design of proposed study</u> To investigate the effectiveness of a pharmacist-delivered education after completion of intervention. Data will be collected and processed for statistical analysis and adherence will be measured with the help of questionnaire before and after the counselling.		
<u>Description of the nature of risks and benefits for participants</u> <ul style="list-style-type: none">• No potential risks for patients.• This study will provide information beneficial for prescribers and hospital authorities and that may improve prescribing trends and health care services for the patient.		
<u>Description of how confidentiality of the data will be assured</u> Any information obtained in connection with this study will remain confidential and will be disclosed only with patients and prescriber permission.		
<u>Signature Statement of participant</u> I confirm that <ol style="list-style-type: none">1. I have read the consent form or it has been read to me and have understood to it.2. All my questions have been answered to my satisfaction.3. I agree to take part in the above study. Name of Participant: _____ Signatures of Participant: _____ Date: _____		
Name of Researcher: _____ Signature of Researcher: _____ Date: _____		