



Adult Consent Form

Study Title: Artificial Intelligence Supported Diabetic Retinopathy Screening in Tanzania

- I confirm that I have read the information sheet dated 30/5/2022 (version 1.1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.
- I understand that the information/retinal photographs collected about me may be used to support other research in the future, and may be shared anonymously with other researchers.
- I agree to receive individual feedback about my condition
- I understand that the information held and maintained by the Kilimanjaro Christian Medical Centre eye department may be used to help contact me or provide information about my health status.
- I agree to take part in the above study.

Participant:

Signature:

Print name:

Date:.....

AI-supported DR screening in Tanzania – main trial consent form – V1.1 – 30/05/2022

National Health Research Ethics Review Committee
National Institute for Medical Research
2448 Ocean Road, P.O. Box 9653
Dar es Salaam, Tanzania
Tel: +255 22 2121400
Website: www.nimr.or.tz



Witness:

Signature:

Print name:

Date:.....

Second witness (if required):

Signature:

Print name:

Date:.....

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