Form Approved OMB No.0920-1011 Exp. Date 3/31/2017

**Appendix 3: Consent Form** 

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

## Investigation of Crimean-Congo hemorrhagic fever in Georgia, 2014

Prevention on behalf months in Georgia th We are trying to bette hemorrhagic fever. V	, I am with the Centers for Disease Control and of the National Center for Disease Control and Public Health. During the past few ere have been some cases of a disease called Crimean-Congo hemorrhagic fever. er understand why some Georgians have become ill with Crimean-Congo Ve would like to administer a brief questionnaire to you and to draw blood from the results of our investigation to help prevent future illness in Georgians.
Crimean-Congo hemo	e a small sample of blood from your arm to find out if you were infected with the orrhagic fever virus recently or in the past. There may be a small risk with the on including discomfort, bruising, or bleeding at the site of the blood draw.
infected with the viru	ipating in this investigation and the testing will be that you will know if you were is, and the information from this investigation will help the Georgian government becoming infected with this virus in Georgia in the future.
•	ou share with us will be kept completely private. You are free to choose whether in this investigation, and you can withdraw from any part of this investigation at
	e willing to take about 30 minutes to answer some questions about yourself and s prior to your illness?
If no: Why don't Would If yes:	<pre><go 2="" question="" to=""> you want to take the survey? another day or time be more convenient for you? Yes No When?</go></pre>
II no:	Can you give us some very basic information?  Where is your residence? (village/region/district)
	What is your date of birth?/
	What is your nationality: Georgian, Azery, Armenian (circle one)
2. Would you be	e willing to have your blood drawn?
If no: Why don't y	Let's get started with the questions. <go kap="" questionnaire="" the="" to=""> you want to have your blood drawn? bu give us some very basic information?  Where is your residence? (village/region/district)</go>
	What is your date of birth?///

What is your sex? Male, Female (circle one)

What is your nationality: Georgian, Azery, Armenian (circle one)

Thank you so much for your time and consideration.

