Attachment M. Informational flyer about ZIPER study and permission to contact for patients identified through passive surveillance

## Zika Virus Study

The Centers for Disease Control & Prevention (CDC) in collaboration with the \_\_\_\_\_hospital is carrying out a study on the Zika virus. You could be eligible for this study.

#### Information for patients

#### What is Zika?

Zika is an illness caused by the Zika virus which is transmitted by mosquito bites. The *Aedes aegypti* is the mosquito which is infected with the Zika virus. The *Aedes* mosquito also transmits the Dengue virus and the Chikungunya virus. Infection with Zika during pregnancy could cause birth defects in the baby.

## What is this study about?

We are conducting a study to find out how long the Zika virus can remain in bodily fluids. This study is being done throughout different hospitals including the \_\_\_\_\_\_ hospital, and the Center of Emergency and Integrated Medicine in Arroyo.

## Who can participate in this study?

We are inviting patients who have visited the \_\_\_\_\_\_ hospital who have a positive laboratory test for Zika.

# What benefits will I receive for participating in this study?

The benefits include free testing to detect how long the virus lasts within your body. You will receive an orientation about what your test results mean and what you can do to protect yourself and your loved ones.

#### Are you interested in participating?

If you would like more information or if you are interested in the study, please mark "Yes" on the box below. We will be in touch with you only if you have a positive laboratory finding for Zika virus in your blood. If you are in agreement, an employee from the Centers for Disease Control & Prevention (CDC) will get in touch with you to orient you about the study. If you participate in this study, you will receive an incentive on each visit for your time and effort.

□ Yes, I authorize to be called to be given information about this study if Zika virus is found in my blood.

□ No, I do not authorize to be called to be given information about this study if Zika virus is found in my blood.

Patient initials (Please print): \_\_\_\_\_