***EMERGE*ncy ID NET “CRASHED” (Cause of RASHes in the ED) Project**

**Project Consent Form**

If you are a parent or guardian providing permission for your child, “you” refers to your child.

We invite you to take part in this project because youhave a skin rash. This project is being done by doctors at this hospital and by the Centers for Disease Control and Prevention (CDC) to learn how often skin rashes like yours are caused by Mpox virus, and to learn what types of exposures and activities might put people at risk for Mpox.Mpox is a virus that can cause rash and sometimes fever and other symptoms. It is usually rare in the United States, but there have been several outbreaks in the last year. Being asked to be part of this project does not necessarily mean that doctors suspect your rash is caused by Mpox.

If you agree to take part, we will ask about your illness symptoms, your medical history and exposures, and if you are 16 years or older, your sexual history. The questions will take about 20 minutes. Two swabs will be taken from your rash and sent to the lab for Mpox testing. This testing is for project purposes. You will NOT be billed for any tests done for this project’s purpose. We will keep your rash swab for future public health or research projects, but it will not have your name or other information that would point to you directly.

Your doctor may also send an Mpox test to our hospital lab as part of your regular care.You will receive those results if done. If your doctor decides not to obtain an Mpox test as part of your regular care, and this project’s Mpox test is positive, we will inform you of the positive result in a few weeks. We will also take up to four pictures of your rash today so we can learn about what Mpox rashes look like. We will make every effort to make sure that the pictures do not identify you.

In 45 days, we will call you to ask about your symptoms and whether you received care for your illness after today. We will also review your medical records to collect information about your medical care today and if you test positive for Mpox, we will review your medical records and record information about any other care you receive here or with another doctor for care of your illness over the next 3 months. If at 45 days, you are still having symptoms caused by Mpox, we will call you again at 90 days to record information about any other care you receive here or with another doctor for care of your illness over the next 3 months

## You will receive $25 cash or gift card for your time and effort for today’s visit and another $25 cash or gift card after the 45-day and 90-day phone calls. We cannot promise any benefits to you from taking part in this project. The results of this project will help doctors and public health experts learn more about skin rashes, which could help reduce the spread of Mpox.

## Some of the questions we ask may make you feel uncomfortable. You do not have to answer any questions you don’t want to and you can decide not to have pictures taken of your rash. Everything you choose to answer will be kept confidential, to the extent allowed by law. There is always a small risk that unauthorized persons may access your private information. We have measures in place to reduce this risk. All the information we collect including the picture of your rash, and the rash swab will be labeled with a unique project number. Only the authorized project staff at this hospital will be able to link you to the project number. The CDC and other sites will not receive any of your identifying information.

Taking part in this project is completely voluntary. You can choose to take part or not. The treatment of your skin rash will be the same whether you decide to take part or not. No matter what choice you make, you will not lose any of your regular benefits. If you have any questions, concerns or complaints, please contact <Site PI and contact info>. If you decide later that you do not want to continue in the project, you can leave at any time.

Your signature documents your agreement to take part in this project.

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Signature of Participant Date Time

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Printed name of Participant

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Signature of Authorized Representative Date Time

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Printed name of Authorized Representative Relation to Participant

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Signature of person obtaining consent Date Time

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Printed name of person obtaining consent