**Tshilo Dikotla Consent to Re-Contact CRF**

1. Date\_\_\_\_\_\_\_\_\_
2. Time\_\_\_\_\_\_\_\_
3. Date of contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Does the participant agree to be re-contacted for future studies?

□ YES

□ NO (specify)

If No,Specify reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *Place bold comment below this question: If Yes, confirm details on the maternal locator.*