Human biological samples obtained in the course of clinical research have substantial scientific value. Yet, concerns have been raised over the ethical appropriateness of retaining these samples for research purposes. The collection and storage of biological samples obtained from individuals in Africa is thought to be especially worrisome. Some commentators claim Africans believe that blood obtained ostensibly for research purposes will be used for sorcery, or sold. Others worry that experience with colonialism and slavery has made Africans unwilling to share biological samples with European or American investigators. If accurate, these claims would raise important ethical concerns for the many clinical trials that obtain samples from individuals in Africa.

Several studies suggest that the majority of individuals in the U.S. and Europe are willing to provide biological samples for future research, and support the use of their samples for research on any condition. Lacking are systematic data on individuals’ attitudes in developing countries. To begin to address this gap in the data, we surveyed Ugandans who had enrolled a child in a drug efficacy study for malaria.

While limited to Ugandans, most living in rural areas, the results do not support the concerns raised over storing biological samples obtained from Africans for future research purposes. In addition, the fact that respondents would allow the samples to be used for future research based on Institutional Review Board (IRB) approval, rather than their own additional consent suggests this approach may offer a method, applicable worldwide, to protect subjects without blocking important research. Future research should assess the generalizability of these results to other areas of Africa, and other parts of the developing world.

**Methods**

*Respondents and Setting.* Respondents were associated with a randomized trial comparing chloroquine and sulfadoxine pyrimethamine (CQ/SP) to amodiaquine plus sulfadoxine pyrimethamine (AQ/SP) for uncomplicated malaria in children. The study was conducted at four sites in Uganda, selected because of malaria transmission rates, geographical representation, and presence of a stable population. One study site (Jinja) is peri-urban, the other three sites (Mubende, Kyenjojo, and Kanungu) are rural. Adults who consented for a child up to 12 years of age at one of the