

INFORM CONSENT FORM

Title of the research: -----

Name of researcher: -----

Sponsor(s) of research:-----

Purpose of research: -----

The procedure of the research, what shall be required of each participant and the approximate total number of participants that would be involved in the research: -----

Expected duration of research and of participant(s)' involvement: -----

Risk(s):-----

Costs to the participants, if any, of joining the research: -----

Benefit(s): -----

Confidentiality: -----

Voluntariness: -----

Alternatives to participation: (For example: If you choose not to participate, this will not affect you in any way.)-----

Due inducement(s): (For example You will be compensated for lost wages; cost of transport to and from the research site but you will not be paid any fees for participating in this research.) ----

Consequences of participants' decision to withdraw from research and procedure for orderly termination of participation: -----

Modality of providing treatments and action(s) to be taken in case of injury or adverse event(s): -----

What happens to research participants and communities when the research is over: -----

Any apparent or potential conflict of interest: -----

Statement of the person obtaining informed consent:-----

I have fully explained this research to _____ and have given sufficient information, including about risks and benefits, to make an informed decision.

DATE: _____ **SIGNATURE:** _____

NAME: _____

Statement of the person giving consent:

I have read the description of the research or have had it translated into a language I understand. I have also talked it over with the doctor to my satisfaction. I understand that my participation is voluntary. I know enough about the purpose, methods, risks, and benefits of the research study to judge that I want to take part in it. I understand that I may freely stop being part of this study at any time. I have received a copy of this consent form and an additional information sheet to keep for myself.

DATE: _____ **SIGNATURE:** _____

NAME: _____

WITNESS' SIGNATURE (if applicable): _____

WITNESS' NAME (if applicable): _____

PLEASE KEEP A COPY OF THE SIGNED INFORMED CONSENT.