Informed Consent

This is a general template intended to assist in addressing most situations. Please modify it as needed to suit your specific research protocol.

Project Information

- **Title of the Study**: _____
- **IRB Approval Reference Number**: _____
- **Funding Agency (if applicable)**_____
- **Principal Investigator**:_____
- **Affiliated Institution**: _____
- **Designated Research Location**: _____
- **Primary Contact Number**: _____
- **Co-Investigators**: _____
- **Institution**: _____

This form is written in language that is accessible to individuals from all educational backgrounds. Any medical or scientific terms are explained as needed. The document does not waive your legal rights nor does it exempt the research team from their responsibilities.

Purpose and Significance of the Study

- You are being invited to take part in a research initiative designed to explore specific health-related topics. The primary goal of this investigation is to collect data that may enhance medical knowledge. Participation is entirely voluntary and depends on your clear understanding of the study's procedures.

Research Procedures

- If you agree to participate, various methods may be employed to collect study-related information.
- These may include interviews, physical assessments, laboratory tests, questionnaires, or similar techniques.
- Procedures that are experimental, investigational, or conducted solely for research will be clearly noted.
- The total time commitment and duration of involvement will be specified. Ongoing follow-ups may be conducted to assess safety and monitor results.

Potential Discomforts and Identified Risks

- Your participation may involve certain inconveniences or risks. These may include physical side effects, emotional strain, or potential financial or social implications.
- All known risks will be communicated to you in detail.
- In addition, any possible but unidentified risks particularly for pregnant participants or those with reproductive concerns will be disclosed.
- If new, relevant findings arise during the study that could affect your decision to remain in the study, you will be informed immediately.

Anticipated Advantages of Participation

- In some cases, participants may experience benefits such as enhanced health monitoring or gaining insights related to personal well-being.
- Even if you do not receive direct personal benefits, your involvement may contribute significantly to the advancement of medical knowledge or improvement of patient care practices.

Compensation and Financial Considerations

- Participants may or may not receive financial compensation for time, travel, or inconvenience associated with the study.
- Any reimbursement policies or potential expenses you may incur will be clearly outlined by the research team.
- If the study provides coverage for diagnostic procedures or medical care, this will also be explained.

Available Treatment Options outside the Study

- If the study involves a new or investigational treatment, you will be informed of other available, standard treatment alternatives. Where possible, a comparison of these options will be provided to help you make an informed decision.

Medical Assistance in Case of Research-Related Adverse effects

- Should your participation result in any medical complication, illness, or injury, necessary treatment will be made available. This may be arranged either through the research team or referred to your regular healthcare provider. Coverage and financial responsibility for such care will follow the policies of the institution

Confidential Handling of Personal Information

- All data obtained during the course of the study will be kept strictly confidential.
- Identifiable information will not appear in any published material or public documentation.
- Data may be accessed by sponsoring bodies or institutional auditors under strict confidentiality agreements.
- Wherever feasible, your personal details will be removed or anonymized during data processing and analysis.

Freedom to Participate and Right to Decline

- Your involvement in this study is entirely voluntary.
- You are free to decline participation without any consequence to your medical care, academic standing, or other rights.
- If you choose to participate and later change your mind, you may withdraw at any time .

Conditions That May Lead to Early Withdrawal

- You may discontinue your participation at any point, for any reason. Kindly inform the research team by contacting [Insert Name and Contact Information].
- In certain cases, the research team may also end your participation—such as for safety reasons, funding cessation, or institutional policy changes.

Support and Contact Information

For General Queries or Study-Related Information

Contact the principal investigator at:

- **Name**: _____
- **Phone Number**: _____

For Matters Related to Your Rights as a Participant

Contact the designated ethics committee representative:

- **Representative Name**: _____
- **Phone Number**: _____

In Case of a Medical Emergency Related to the Study

- **Daytime Contact**: _____
- **Nighttime Contact**:_____

Participant Acknowledgment and Agreement

By signing this form, you confirm that you have read and understood all sections presented above. You acknowledge that all your questions were answered to your satisfaction. Your agreement to participate is entirely voluntary and free from coercion. You understand that you may withdraw at any point without any penalties. Signing this form does not diminish your legal protections or relieve the research team from their professional obligations.

Participant's Full Name (Printed) _____

Date: _____

Participant's Signature _____

Date: _____

Principal Investigator's Signature _____

Date: _____

Person Obtaining Consent (Signature) _____

Date: _____