**SAMPLE CONSENT FORM**

**TITLE:** “xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx”

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| **Research Investigators & Organisation** |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Principal Investigator)  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact information of the Principal Investigator** |
| Name, address and office phone  In studies where emergency contact might be needed, please provide mobile number. |

I hereby acknowledged that:

1. My signature is my acknowledgement that I have agreed to participate in the research entitled “--------------------------------------------------”.
2. I have read or being explained and understood the information and research procedure written in the information sheet given to me.
3. I am free to withdraw from the study at any time. It is entirely my choice whether to inform the Principal Investigator the reason for withdrawal. The withdrawal will not adversely affect me in any way. (I am aware that my information cannot be withdrawn or excluded from the data as these are taken anonymously) (*This phrase might be needed if data are collected anonymously. Please edit accordingly.*)
4. I agree that information provided by me will be used only for this research.
5. I have read or being explained and understood the information in this consent form and all questions that I have, have been duly answered.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature (Participant) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature (Consent taker) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

\* It will be signed in two copies. A copy of this consent form will be kept by researchers and the other will be given to the signed participant.