**Consent Form for Participation (Adults)**

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| **Instructions** |
| A complete thorough description of the research study will be explained to you by the research team member. Who will keep you aware of your rights through this study including the purpose of the study along with anticipated outcomes and how your participation may affect the study. This form is intended to give you an explanation about study setup, procedures, risks and benefits of you being involved in the study. This process known as “informed consent”. Upon completing the process and you decided to participate in the study, please sign this form at the end after as per your decision.  Note: * “You” will refer to the participant subject hereafter. A copy of your records will be given to you after your signature. Feel free to ask team representative about your concerns and confidentiality of the study.
* You have the right to proceed with the consent or end your participation at any time.
* Through out this informed consent session, one of research team representative will explain this document to you in simple language.
* Do not hesitate to ask questions.
* Instructions are given in *Italic* font style.
* Keep the font at 12 pt
 |

**This form for asking you to participate in scientific research study**

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| Subject Name …………………………………………….. |
| Research Study Title …………………………………………….. |  |
| PI …………………………………………….. |  |
| Phone …………………………………………….. |  |
|  |  |
| Address ………………………….…………………….. |

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| **Section 1: Study Details** |  |
| **Study purpose, procedures and outcomes** | *[Describe the broad aims and objectives of this project. Explanation of the purpose of this study and why it is important for the participant to participate in this study and why it is being studied. Give explanation of funding status of the project. Along with the outcomes of the study. Please keep it applicable as much as possible]**Click or tap here to enter text.* |
| **Study location** | *[Description of the study setup which includes Location, Time and any additional set up]* *Click or tap here to enter text.* |
| **Study duration** | *[Duration of the research study along with the duration of the participation]* *Click or tap here to enter text.* |
| **Number of Involved Participants**  | *[Number of participants in this study. How many candidates ]* *Click or tap here to enter text.* |
| **Potential Risks** | *[what would happen if you participated in the study. Explanation of involved risks on participant is discussed. Include the side effects on the description]* *Click or tap here to enter text.* |
| **Benefits** | *[what are the befits if you participated in the study. Explanation of involved benefits on participant is discussed. Include an explanation of whether the participation is promoting the health of the participants or any kind of benefits upon your participation]**Click or tap here to enter text.* |
| **Alternative options**  | *[what are other options available instead of participating in this study]* *Click or tap here to enter text.* |
| **Confidentiality** | *[Describe how candidate details are going to be stored]**Click or tap here to enter text.* |
| **Section 2:**  |  |
| **In case of injury during the participation in the study**  | *[A clear description of the procedures / actions required in case of Injury. It is important to give instructions for candidates involved in the study for the person to contact in case of injury. Explanation of what will happen if you picked injury during your participation and how it is going to be resolved and treated]* *Click or tap here to enter text.* |
| **Exempting process**  | *[Describe clearly how I can end my participation in this study. What are the required procedures to terminate the participation at any time?]**Click or tap here to enter text.* |
| **Costs** | *[Describe any involved costs either by the research team or the participant. What it cost for me to participate in the study?. And how much it will cost for me or if I am getting paid upon participation in this study ]**Click or tap here to enter text.* |
| **Rights** | *[what are my rights in this study]**Click or tap here to enter text.* |
| **How to proceed with “Yes or No”** | *[explain the procedures to confirm my “Yes” or “No” decision]**Click or tap here to enter text.* |
| **Results update** | *[Explain how I am going to receive an updates in regard of the study status and results]**Click or tap here to enter text.* |
| **Stored medical and personal data** | *[Explain how my medical details are stored privately. And, if these details are going to be shared, what and how]* |
|  | *Click or tap here to enter text.* |
| **Whom to contact**  | *[Give details for the person to be reached for additional questions and concerns]**Click or tap here to enter text.* |
| **Section 3** |  |
| **Consent**  | **Subject Name :**  *Click or tap here to enter text.* |
|  | Description of research study objectives, procedures and design have been explained to me clearly. I have been given the right to ask questions and have been told how to communicate with the research team representative for further questions. I can proceed or terminate my participation at any time harmlessly. A copy of my records will be shared with me. Hereby, I agree to voluntarily participating in this study. Subject Signature :Date :Time :  |
| **Consent** | **Person Obtaining Consent :**  *Click or tap here to enter text.* |
|  | A complete thorough explanation of study objectives, procedures and design have been explained clearly to the participant with best and simple language practices. To the best of my knowledge, I answered all his/her questions and concerns. A copy of this form will be sent to the participant along with giving him/her instructions for future questions and concerns.Subject Signature :Date :Time :  |
| **3rd Party Consent****Only used when 3rd party consent is required !** | **Legally authorized person to consent:** *Click or tap here to enter text.***Relation with subject:**  *Click or tap here to enter text.*As the subject of this study is unable to consent for himself/herself, I herby sign this document to give you a permission to include the considered subject in this study.Subject Signature :Date :Time :  |