

Document Name:	Approval of IRB
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SAMPLE CONSENT FORM

1) Information about PI

2) Information about research in simple language

This should be in a simple language, explaining what you intend to do in this research, with little background information for easy understanding.

3) Research procedure

Inform what will you be doing, collecting blood by venepuncture (amount of blood, who will take it, side effects of venepuncture) or if you are collecting any other biological fluid, tell him/ her how it will be collected.

4) Risks/ benefits associated with participation in the study

Explain in plain language what are the direct benefits, if any to participant. Also inform if there is any harm in participating in the study. If your study has provision for paying transport fees to the participant or any other expense which he/she may have done while participating, it should be mentioned.

5) Rights of participant, participating in the study. Inform about

- Withdrawal
- That there will be no penalties for withdrawal
- That the level of care will not be affected, even if you decide to withdraw from study.

6) Confidentiality of participant

Explain in plain language to the participant how the information obtained will be kept confidential.

7) Add if you will be carrying out any genetic research on the samples drawn, and also inform him/her that samples will be kept for ---- years, or will be used for other research at a later date.

8) Provide an address and telephone number with timings which can be contacted by the participant.

Declaration of consent

I confirm that I -----understand the information which has been provided to me. I also understand that my participation is voluntary, and that I can withdraw from the study at any time with out giving any reasons. I have also been assured that my medical care will not be affected by my withdrawal from the study.

Please provide translation of this form in at least one local language.

Signature of participant:

Signature of Witness:

Thumb impression of participant

Signature of research assistant /PI:

Date: