(Insert your institutional logo)

INFORMED CONSENT FORM TEMPLATE

1. Name of the Principal Investigator/s:_____
2. Name of the collaborators and their affiliation: _____
   _____
3. Title of the Project:_____
4. Name of the Host Institution/ Organization:_____
5. Name of the Funding Agency:_____
   _____

PART I : Information Sheet

6. Brief Introduction about your research:_____
_____
_____
_____
_____
_____
_____

7. Objective of the Study:_____
_____
_____
_____
_____
_____
_____
_____

8. Participants Selection (a brief description about selection criteria): _____
_____
_____
_____
_____
_____

(Insert your institutional logo)

9.Voluntary Participation: _____

_____

_____

_____

_____

_____

10.Procedure and Protocol:

- Description of the process:
- Measures and precautions:
- Medical assistance and care that will be provided to the participants:
- Duration of the Study:

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

11. Benefits:

12.Privacy and Confidentiality:

13.Ethics Approval:

Contact Information: If you have any queries or concerns, please reach out to_____

(Insert your institutional logo)

PART II: Certificate of Consent

I have read the information provided above, or it has been read to me. I have had the opportunity to ask questions regarding the information, and all my questions have been answered to my satisfaction. I voluntarily consent to participate in this research.

Participant's Name (Print): _____
Participant's Signature: _____
Date: _____
(Day/Month/Year)

If the participant cannot read or write/hesitant to sign:

I confirm that I have witnessed the accurate reading of the consent form to the participant, and the participant has had the opportunity to ask questions. I affirm that the participant has freely given their consent.

Witness's Name (Print): _____
Thumbprint of Participant: _____
Witness's Signature: _____
Date: _____
(Day/Month/Year)

Or

- ☐ YES
- ☐ NO

PART III. Statement by the Researcher or Person Obtaining Consent

I confirm that I have read the information sheet to the participant and, to the best of my ability, ensured that the participant understands what will be involved in this research.

(Insert your institutional logo)

Signature:_____ Name:_____

Affiliation/Designation: _____

PART IV: Informed Consent Form for Storage and Future Use of Unused Samples

1. Information Sheet

We are seeking your permission to store any unused samples (such as blood, tissue, sperm, or sputum) from your participation in this study for potential future use, either in our own research or in research conducted by others. Currently, you have only given permission for your sample to be used in the present study, and we would like to know if you agree to its future use.

We understand that some people may not want their samples used for certain types of research that they might not agree with, such as studies on birth control or reproductive technology. We will explain the possibilities of future research in simple terms. If genetic research is one of the options, we will clearly explain what this entails and what it might mean for you. You have the right to tell us if there is any type of research you do not want your sample to be used for, or if you do not want your sample used at all.

At this point, we are able to trace which blood, tissue, sperm, or sputum sample belongs to you. However, you will need to decide whether you want us to keep the sample but remove all identifying information, or whether you are comfortable with us knowing whose sample it is. We will explain the risks and benefits of both options. If the sample remains linked to you, we are obligated to inform you of any findings that may have immediate clinical relevance for your health.

Please note that your sample will never be sold for profit. Additionally, any research using your sample will be subject to ethical approval by a review board.

2.Right to Refuse and Withdraw

You are under no obligation to allow your samples to be kept or used for future research, and you can set any restrictions you wish on their use. Your decision will have no impact on your participation in the current study. You also have the right to withdraw your permission at any time, without any consequences. If you choose to withdraw, you can contact [Name, Position, Contact Information] at [Institution Name] for further assistance.

(Insert your institutional logo)

3. Confidentiality

We will take all necessary measures to protect your confidentiality. However, please note there may be certain limitations. We will explain how your personal information and samples will be kept confidential throughout the study.

Certificate of Consent

Consent for Sample Storage and Disposal

If any of the [TYPE OF SAMPLE, e.g., blood, tissue] I have provided for this research project remains unused or leftover after the project is completed, I would like to indicate my preferences for its disposal or storage by selecting one option from each of the following:

- I wish for my [TYPE OF SAMPLE] sample to be destroyed immediately.
- I want my [TYPE OF SAMPLE] sample to be destroyed after ____ years.
- I give permission for my [TYPE OF SAMPLE] sample to be stored indefinitely.

If the sample is to be stored, please indicate your preferences below:

Participant's Acknowledgement

I confirm that I have read this information sheet, or it has been read to me, and I have had the opportunity to ask any questions regarding the storage and use of my samples. My questions have been answered to my satisfaction, and I voluntarily consent to the storage of my sample(s) in the manner and for the purpose specified above.

Participant's Information:

Print Name of Participant: _____
Signature of Participant: _____
Date: _____
(Day/Month/Year)

(Insert your institutional logo)

For Participants who cannot sign/read or write:

If the participant is illiterate, a literate witness must sign. Ideally, the witness should be chosen by the participant and should not be affiliated with the research team. The participant should also provide a thumbprint.

I have witnessed the accurate reading of this consent form to the participant. The participant had the opportunity to ask questions, and I confirm that they have given their consent freely and voluntarily.

Print Name of Witness: _____
Signature of Witness: _____
Thumbprint of Participant: _____
Date: _____

Statement by the Researcher/Person Taking Consent:

I confirm that I have accurately read the information sheet to the potential participant. I have ensured that the participant understands the following details regarding the storage of their sample(s):

1. [Explanation of Sample Storage]
2. [Explanation of Potential Use]
3. [Explanation of Future Research Possibilities]

The participant was given the opportunity to ask questions about the nature and manner of storage, and I have answered all of their questions to the best of my ability. I confirm that the participant has given their consent freely and voluntarily, without coercion.

A copy of this informed consent form has been provided to the participant.

- ☐ YES
- ☐ NO

(Insert your institutional logo)

Researcher's Information:

Print Name of Researcher/Person Taking the Consent: _____
Signature of Researcher/Person Taking the Consent: _____
Date: _____