

## **INFORMED CONSENT FORM**

(To be obtained from the study participants)

**Study Title / Project Title:** \_\_\_\_\_

**Study Reference Number:** \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date of Birth / Age: \_\_\_\_\_

[1] I \_\_\_\_\_ confirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.

[2] I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

[3] I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s).

[4] I understand that the information collected about me from my participation in this research and my health records may be looked at by responsible persons (Ethics Committee / regulatory authorities).

[5] I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published.

[6] I agree to take part in the above study voluntarily. I am aware of the Audio-Visual recording of the Informed Consent (if applicable).

[7] I give my informed consent for the collection, storage, and use of my data/sample for the purposes of the current research project and any future research.  YES  NO

**YES** **NO**

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Name of the Research Participant      Signature / Thumb impression      Date

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Name of the Legal Representative      Signature / Thumb impression      Date

Name of the Impartial Witness      Signature / Thumb impression      Date

Name of the Person Administering      Signature      Date  
Consent / Study Investigator