Directorate of Research & Development and Resource Mobilization (DRDRM)

**Office of the Director, DRDRM, Goa University**

**(Email:** **rdrm@unigoa.ac.in** **contact no: 8669609093)**

**Informed Consent Form for Participants**

**Research Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Research Details:**

This research is being conducted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Guide/P.I)

and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Research Scholar/Co-PI/Project-Assistant).

It will focus on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**This Informed Consent Form has two parts:**

Part I: Information Sheet (to share information about the study with you by Research Scholar)

Part II: Certificate of Consent (for acceptance if you choose to participate)

*You will be provided / emailed a copy of the filled Informed Consent Form*

**Part I: Information Sheet**

**1. Introduction**

*I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I would like to thank you for reading through this document to understand the research study that*

*we are conducting to help improve \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**2. Purpose of the Research**

*The purpose of this research is to understand the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Type of Research Intervention**

4. **Participant Selection**

*Population 1:*

*Population 2:*

**5. Voluntary Participation**

**6. Risks**

**7. Benefits**

**8. Reimbursements**

**9. Confidentiality**

**10. Sharing the Results**

**11. Right to Refuse or Withdraw**

**12. Whom to Contact**

For any questions or concerns prior to or after the completion of your participation please contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (contact no and email-id of Researcher/P.I)

**13. Additional remarks**

**NOTE:** If you have any queries, send an email to Director, DRDRM, Goa University on rdrm@unigoa.ac.in.

**Part II: Certificate of Consent (to be filled by the participant)**

This research requires me to participate in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *I expect to participate in this study (YES/NO):*
2. *I have read the foregoing information (YES / NO):*
3. *It has been read to me in a language which I understand (YES / NO):*
4. *I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction (YES/NO):*
5. *I consent voluntarily to be a participant in this study (YES / NO):*

**Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date (**DD/MM/YYYY**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statement by the Researcher/Person taking consent**

*I have accurately read out the information sheet to the potential participant in a language he/she understands, and to the best of my ability made sure that the participant understands the requirements of the study as outlined in the Information Sheet.*

*I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability.*

*I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.*

A copy of this Informed Consent Form has been provided/emailed to the participant.

**Name of Researcher/Person taking the consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Researcher /Person taking the consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date (**DD/MM/YYYY**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Principal Investigator/Guide\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Principal Investigator/Guide\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date (**DD/MM/YYYY**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\* DD – date, MM – month, YYYY – year, example 27/05/2020