SAMPLE TEMPLATE FOR INFORMED CONSENT

(This is only a sample template only according to ICMR, 2017 guidelines)

1. **Project Title:**
2. **Principal investigator (Name)**
3. **Details of the institution:**
4. **Contact details: (Phone, email)**
5. **Purpose of the research**

   Why is the study conducted and briefly explain the purpose?
6. **Procedure and duration of the research**

   Brief regarding the duration of participation, frequency of contact and the methods like interview, surveys etc.
7. **Benefits and risks**

   Mention the benefits to the participant, community as an outcome of research

   If any foreseeable risks to the participants are expected form participating in this study, any insurance coverage for the research related adverse events, if not can skip this part.
8. **Confidentiality of records**

   Mention all information will be kept confidential and how the data security will be maintained
9. **Payment for participation**

   Mention if there is any payment for participation like travel, time etc. according to the study budget.
10. **Injury or harm**

    If there is any free treatment or compensation to the participants for any research related injury if any
11. **Voluntary participation**

Freedom to participate and or withdraw form research at any time and/or withdraw from research at any time without penalty or loss of benefits to which the participant would otherwise be entitled

12. **Contact information**

The identity of the research team and contact persons with addresses and phone numbers for example, PI/Co PI for queries related to the research and Chairperson/Member Secretary/ or helpline for appeal against violations of ethical principles and human rights

***Note**: Information on known facts about the research, which has relevance to participation, is included in the Participant information sheet (PIS).*

CONSENT STATEMENT

I have understood the information provided to me in the PIS, and I voluntarily agree to participate in this research.

Name of the participant

Signature with date:

Name of the person obtaining the consent

Signature with date: