**INFORMED CONSENT**

|  |  |
| --- | --- |
| **Research Description** |  |
| **Title of the Study** |  |
| **Name of the Investigator** |  |
| **Name of organization** |  |
| **Source of Funding** |  |
| **Duration of the study** |  |
| **Purpose of the Study** |  |
| **Methodology** | |
| **Confidentiality** | |
| **Possible Benefits to the Research Participants** | |
|  | |
| **Possible Risks to the Research Participants** | |
|  | |
| **Right to Refuse to Participants and Withdrawal** | |
|  | |
| **For Further Information** | |

Undertaking: I have read this consent form and fully understood it. I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable Federal/Provincial laws.

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

Participant’s Name & Signature/ Signature of the Witness in case of

Thumb impression Thumb impression

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

Signature of Investigator and Date Signatures of the Supervisor and date

# 