PWANI UNIVERSITY ETHICS REVIEW COMMITTEE
TEMPLATE OF INFORMED CONSENT FORM

Title of Project: <Insert Title>
Name of Researcher: <Insert Name>

	Please initial box
I confirm that I have read and understood the information sheet dated **<insert date> (<Insert Version Number>)** for the study **(<Insert study title>)**. I have had the chance to read the information and ask questions about the study and am satisfied with the answers I have been given.	☐
I understand that my participation in this study is voluntary and that I am free to stop at any time, and I do not have to give a reason for doing so. I understand that if I ask to stop the study my medical care and legal rights will not be affected in any way.	☐
Occasionally an external regulator or funding body may ask to look at the data for this study to check that it is being run correctly.	☐
I understand that relevant sections of my *medical notes* ***(delete if not appropriate)*** and data collected during the study, may be looked at as part of the research. I give permission for my *medical notes* ***(delete if not appropriate)*** and data to be used for this purpose.	☐
I understand that if there are any unexpected findings that need further investigation you will, with my consent, inform my GP who will notify me if further tests are needed.	☐
I understand that my interview will be recorded.	☐
I understand that samples of my **Blood** or **DNA** *(choose which is appropriate)* will be taken and kept as part of this study and I give permission for them to be used for this purpose.	☐
I agree to take part in the above study.	☐

_____	_____	_____
Name of Participant	Date	Signature

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