**LETTERHEAD OF SENIOR RESEARCHER’S INSTITUTION**

**[TITLE OF PROTOCOL in Lay Laylanguage]**

**PARTICIPANT CONSENT FORM**

I, .......................................................................................................................[name] of

…………………………………….................................................................... [address]

have read and understand that the study will be conducted as described in the Information Statement, a copy of which I have retained.

I have been made aware of the procedures involved in the study, including any known or expected inconvenience, risk, discomfort or potential side effect and of their implications as far as they are currently known by the researchers.

[If appropriate] I understand that the interview / focus group discussion [delete whichever is not applicable] will be audiotaped, and I agree to this.

Include the Tape Rule if appropriate.

If further contact, there needs to be an extra section with additional signature at the end.

[If appropriate] I understand that my participation in this study will allow the researchers and others, as described in the Information Statement, to have access to my medical record, and I agree to this.

I agree to participate in this study and understand that I can withdraw at any time without providing a reason.

I understand that my personal information will remain confidential to the researchers.

I have had the opportunity to have questions answered to my satisfaction.

I hereby agree to participate in this research study.

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration by person conducting the consent process**

I, the undersigned, have fully explained this research to the patient named above.

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**