

INFORMED CONSENT FORM
(To be obtained from the study participants)

Study Title / Project Title: _____

Study Reference Number: _____

Participant's Name: _____ **Date of Birth / Age:** _____

- [1] I _____ confirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.
- [2] I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.
- [3] I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s).
- [4] I understand that the information collected about me from my participation in this research and my health records may be looked at by responsible persons (Ethics Committee / regulatory authorities).
- [5] I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published.
- [6] I agree to take part in the above study voluntarily. I am aware of the Audio-Visual recording of the Informed Consent (if applicable).
- [7] I agree for my left over samples to be used for future research purposes

Name of the Research Participant	Signature / Thumb impression	Date
----------------------------------	------------------------------	------

Name of the Legal Representative (in case of minor/vulnerable)	Signature / Thumb impression	Date
---	------------------------------	------

Name of the Impartial Witness	Signature / Thumb impression	Date
-------------------------------	------------------------------	------

Name of the Person Administering Consent / Study Investigator	Signature	Date
--	-----------	------