**Faculty:** …………………………...… **Hospital:** ………………………

**Department:** ……………………… **Department:** …………………………

**Title of the Project:**

…………………………………………………………………………………………………..

**What is the purpose of the Study?**

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

**Why have I been invited to participate?**

…………………………………………………………………………………………………..

**What procedures will be performed on me?**

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

**What are the benefits of taking part in this study?**

…………………………………………………………………………………………………..

**What are the risks of taking part in this study?**

…………………………………………………………………………………………………..

**What will happen to the information provided by myself? (Confidentiality)**

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

**Who do I contact if I want further information?**

Investigator name: ……………………………………………… Tel.: ………………………………

**Invitation to participate *(PI shall update this part according to his/her project)* :**

Please note that you have the right to accept or to reject to participate in this study. In case you accepted, you are free to withdraw at any time without affecting your medical treatment (for patient) or professional performance (for employee) or your academic record (for student).

**Date:**

**Note for PI: (Kindly specify if your subjects are “Patients” or “Participants”)**

***Agree* Patient/Participant Name:** ………………………… **Signature:** …………………

***Don’t Agree*** **Patient/Participant Name:** ………………………… **Signature:** …………………

**PI Name:** ………………… **Contact:** ………………. **Signature:** ……………….

Guidelines:

* Inthe **Procedures** section, you shall write about the tests (type of test, samples, volume and frequency) that you and your co-investigators will use in this research. Please make sure that you are using simple language (layman language) so that the participant can understand exactly what will happen to him/her during this study. Do not use scientific details that may not concern the participant.
* The subject’s consent must be confirmed at the time of consent and the signature of both the subject and the person conducting the informed consent must be dated. If the subject is unable to read, oral presentation and explanation of the written informed consent form and information to be supplied to the subject must take place in the presence of an impartial witness. Consent must be confirmed at the time of the oral consent by the signature of the subject or by a locally recognized alternative (e.g. the subject’s thumb print or mark). All signatures must be dated. The witness and the person conducting the informed consent discussions must also sign and personally date the consent document.
* A copy of the signed consent document must be given to the subject. The original signed consent documents will be retained by the investigator.
* The investigator shall not undertake any aspect of the investigation until valid consent has been obtained.
* Subject names shall not be supplied to the sponsor. Only the subject number and subject initials will be recorded in the case report form. The subject will be informed that representatives of the sponsor, independent ethics committee, or regulatory authorities may inspect their medical records to verify the information collected, and that all personal information made available for inspection will be handled in the strictest of confidence and in accordance with local data protection laws.
* The investigator will maintain a personal subject identification list (subject numbers with corresponding subject names) to enable records to be identified.
* Inthe **Controls** section, Control subjects (specify example: healthy brothers/sisters of the patients, others and what will they be subjected to, if anything at all)
* (If applicable) You must confirm that this study will not be performed on pregnant women and neonates. You must mention that all participants have the right to withdraw from the study at any time.
* After explaining the procedure and purpose of the study, you must emphasize that every participant has the right to accept or refuse admission to the study. Upon agreement, the investigators promise to keep the participant’s personal information strictly confidential, not to share any information outside the spectrum of this study, and not to send any samples abroad for other purposes without approval of the **HSC Ethical Committee**. In case of refusal to participate, the patient will continue to receive the standard treatment for his disease.
* Kindly add your name and tel. no. in the end of the form as a contact information for the participants.

**Note:**

**Please do not print this page when you submit your papers for the committee secretary.**

**Thank You**