Consent and Information Form

Title of Research project

Introduction

You, ...have been requested to voluntarily participate in the research study, which has been explained to you by.....or..... This study is being conducted by.....and..... with funding provided by..... .

Purpose of the study

You have been invited to participate in this research study which involves..... It has been explained to you that based on available clinical tests, you have a condition referred as..... a case that can lead to..... You are being asked to participate in a research study because you are scheduled to have..... that involves removing.....or a biopsy..... RGCB expects to enrol approximately .....patients

Description of procedures

If you decide to participate in this study, you will be providing..... (*Sample description*). The sample will be collected/removed by..... Only samples that are not needed for your care or diagnosis will be used. Otherwise, the samples will be discarded.

Risks and Discomforts

Sample donation will not increase your physical risks. The sample provided for this study is sample that would have been discarded otherwise.

Alternatives

You have the freedom to decide not to participate in this study. Your decision not to participate in this study will no way affect the treatment you are receiving for your condition.

Benefits

There will be no direct benefit for you from the participation in this research study. Possible benefits that may result from your participation may not include the improvement of your health. The knowledge gained from this study may eventually benefit you and or others at a later date.

Financial Considerations

There are no special fees for participating in this study, but any expense associated with your treatment at the clinic, if applicable will be billed to you. You will not be paid for your participation in this programme.

Voluntary compensation

There is no likelihood of you getting injured as a result of this research.

Confidentiality

Any personal information provided by you in connection with the donation will be held in confidence. Your research records and test results, just like hospital records, may be subpoenaed by court order or may be inspected by the study sponsor or regulatory authorities without your additional consent.

In any publications that result from this research, neither your name nor any information from which you might be identified will be published without your consent.

Voluntary Participation

Participation in this study is voluntary. You are free to withdraw your consent to participate in this study at any time.

Refusal to participate or withdrawal will not affect your future care, and will involve no penalty to you

In the event new information becomes available that may affect your willingness to participate in this study, this information will be given to you so that you can make an informed decision about whether or not to continue your participation.

IPR

I understand that I (the participant) will have no participation in any IPR generated from the study.

Contact persons

In the event you experience any side effects or injury related to this research, you should contact Dr.....at (phone No & E-mail.....). For more information about this research and about research related risks or injury, You can contact Dr..... (Phone No & E-mail.....) or Dr. ..... (*phone No & E-mail.....).*

Consent

I confirm that I have read and understood the information about (*description of the samples*) sampling.

I have been informed about the quantity of sample (*description*) to be taken and the use that will be made of the sample.

I agree to the samples being used for immediate routine measurements, and for relevant results to be provided to my Doctor

I agree that samples of my ..... may be stored for future research to help understand ..... This is on the understanding that the investigations will be for medical research only and my results will be kept confidential

I have read this form and the research study has been explained to me
I have been given the opportunity to ask questions and my questions have been answered to my satisfaction.

If I have additional questions, I have been told who to contact
I agree to participate in the research study described above. I will receive a copy of this consent form after I sign it.

Subject's printed name and Signature

Printed name and signature of the person obtaining the consent

Printed name and signature of the investigator or Co-investigator

Date Time

Place