

Sample Participant Consent Form

Institute/university (*Use only if applicable*)

Name of the study

Participant Consent Form

Investigators	Telephone number	Address

Please circle your answer

Have you read the information sheet? Yes/No

Did you have an opportunity to ask questions and discuss about the study?

Yes/No

Have you received satisfactory answers to the questions you asked about the project? Yes/No

Who explained the study to you?

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Do you understand that you are free to leave the study without giving any reason? Yes/No

Did you agree to take part on your own wish?

Yes/No

I understand that the information I give is confidential.

Yes/No

I give my consent to take part in the study and this will include (*list the procedures*) Yes/No

Name

Signature

Date

Name of the witness

Signature

Date

If you have any complaints about this research or its conduct, please contact:

If you have any complaints about this research or its conduct please contact:

Secretary, Ethics Review Committee, Faculty of Medicine and Allied Sciences,

Rajarata University of Sri Lanka

Phone number: +94(0) 25 2053633 (please contact during working hrs 8 am – 4 pm)

E-mail: erc@med.rjt.ac.lk