**EC-4 Form**

# Informed Consent Form

Project Title: ……………………………………………………………………..……………………………..…………………………………………………………………………………………………

Date …………………...………………………… (day/month/year)

I, (Mr./Mrs./Ms.)……………….……………….….…………...…………………hereby have signed the consent to declare that:

1. Before signing the certificate of consent, I have been explained the objectives and methods of the study, as well as possible risks and benefits that may happen to myself upon the participation in the study.
2. I have had the opportunity to ask questions about the study and any questions that I have asked have been answered to my satisfaction.
3. I have the right to withdraw from the project at any time without any adverse effects upon …….. (please identify the details related to your study).
4. The investigator will keep the information confidential and my personal data will not be declared in any case except the academic purpose.
5. The investigator assure that in case there are illnesses or injuries caused by the study, I will be provided with standard medical care costs, reimbursement for lost income, and disability compensation (Only for the project with medication/food trial)
6. The investigator will provide additional necessary information about the study, if there are any.

I have read and understand the above information and I consent voluntarily to participate as a participant in this research.

Signature…..…………………………….… (Respondent/informant)

(……….…………………………..)

Signature…………………………………… (Researcher)

(……………………...…………....)

I cannot read but before having finger print on this **informed consent form**, the investigator/interviewer has read and explained to me in detail about the study, the information sheet and the **informed consent form** until I completely understood.

Finger Print…………………………….… (Respondent/informant)

(……………………………….)

Signature…………………………….… (Researcher)

(...……………………………..)

In case participant is a child, permission has to be granted by the parent or legal guardian

Signature…………………………….… (Parent/Legal guardian)

(……………………………….)

Signature…………………………….… (Researcher)

(...……………………………..)

In case participant is unconscious, permission has to be granted by family member or legal guardian

Signature…………………………….… (Family member/Legal guardian)

(……………………………….)

Signature…………………………….… (Researcher)

(...……………………………..)