# Information Sheet

**EC-3 Form**

**1. Title of project:** …………………………………………………………………………………………………..

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

**2. Study site:**

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

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

**3. This project is conducted by** ………………*(student)*………….*.*

**under supervision of Major Advisor as follows:**

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

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

**4. Brief Background, Rationale: (use simple word, understandable by volunteer participant)**

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

**5. Objectives:**

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

**6. You are invited to be a volunteer/subject to participate in the project:**

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

**7. Research activities which involving you when you volunteer to participate in**

**this research project will be as following: (focus on the parts that involve volunteers/subjects)**

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

**8. Period of time that you will be involved in this research activities (Treatment/data collection):**

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

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

**9. Expected benefits of the project to you and to others:**

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

**10. Risks or any undesirable that may occur to you caused by this research and measure or prevention and risk reclusion method which will be provided during participation in the project.** …………………………………………………………………………………………………..

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

**11. How can you securely store the data and keep them confidential? (such as how**

**to take care data, where are data storage who will access, and how to destroy data and when)**

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

**12. The right of the subject (he/she) to withdraw from the project.**

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

**13. Contact address of authorized persons in case of emergency.**

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This research project be approved by the Ethical Review Committee for Human Research, Faculty of Public Health, Mahidol University. Office address at Building 1, 4th Floor, 420/1 Rajvithi Road, Rajthevi, Bangkok 10400, Telephone: 0 2354 8543-9 Ext. 1412, 1127 Fax: 0 2640 9854