**INFORMED CONSENT (FORM 1)**

Taken from Research Participants or Legal Guardians

**Primary Investigator: ……………………………………………………**

**Co-researchers: ……………………………………………………**

**Sponsored by: ……………………………………………………**

**You have been selected to participate in the following study, Titled: ………………………………………………………………………………**

|  |  |
| --- | --- |
|  | **What is the aim of the study?** |
|  | **Why the study is needed?** |
|  | **What are the steps and what is my role in the study?** |
|  | **What are the alternatives?** |
|  | **What are the risks / inconveniences?** |
|  | **What are the benefits expected from this research?** |
|  | **Will I get any financial benefits?** |
|  | **Do I have to pay for participation in the research?** |
|  | **What measures have been taken to protect my identity and privacy?**  **Will any of my personal data be published?** |
|  | **What if I have negative consequences as a result of participation?** |
|  | **Can I withdraw from the study?** |
|  | **Will there be any negative consequences if I withdraw?** |
|  | **Who to contact in case I have further questions/clarification related to the study?** |

\*Your participation in the study is voluntary and you will be informed of your role as a participant in the current study

**Declaration:**

**I have read and understood the informed consent, the research purpose was explained to me and therefore I consent to participate by completing the survey questionnaire and returning it to the researcher**

|  |  |  |
| --- | --- | --- |
| **Participant's Signature:** | **Name:** | **Date:** |
| **Legal guardian Signature:** (remove if not required) | **Name:** | **Date:** |
| **Witness who obtains the signature:** | **Name:** | **Date:** |

**Instructions for Primary Investigator on how to obtain the Informed Consent from participants or Legal Guardians**

\*Important – Please review the following items before preparing the informed consent form to facilitate the review process.

* **Review instructions and bioethics related to human research by National Committee of Bio & Med Ethics available at the following link** [**www.kacst.edu.sa/bioethics**](http://www.kacst.edu.sa/bioethics) **.**
* **Read every paragraph and provide accurate information as required**
* **Use simple language to describe items related to the informed consent that can be understood by a participant who is aged 8 or older.**
* **Do not remove or edit any part of the form that are not related to your study**  ( e.g. if an item is not applicable in your proposed study write Not Applicable).
* **Remove the instruction page (current page).**
* **Hand written forms will not be accepted.**
* **Contact the local bioethics committee if you require further assistance.**