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|  | Ethics Review CommitteeTeaching Hospital PeradeniyaSample Consent Form |  |

**<Title of the Research Project>**

**To be completed by the participant (Please tick the appropriate box)**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Have you read the information sheet? (Please keep a copy for yourself)
 | [ ]  | [ ]  |
| 1. Have you had an opportunity to discuss this study and ask any questions?
 | [ ]  | [ ]  |
| 1. Have you had satisfactory answers to all your questions?
 | [ ]  | [ ]  |
| 1. Have you received enough information about the study?
 | [ ]  | [ ]  |
| 1. Do you understand that you are free to withdraw from the study at any time, without having to give a reason and without affecting your future medical care?
 | [ ]  | [ ]  |
| 1. Sections of your medical notes, including those held by the investigators relating to your participation in this study may be examined by other research assistants. All personal details will be treated as strictly Confidential. Do you give your permission for these individuals to have access to your records?
 | [ ]  | [ ]  |
| 1. Have you had sufficient time to come to your decision?
 | [ ]  | [ ]  |
| 1. Do you agree to take part in this study?
 | [ ]  | [ ]  |

Who explained you about the study:…………………………………………………………

Signature of the participant……………………………… Date………..................

Full Name……………………………………………………………………………….…...

**To be completed by the investigator/ person obtaining consent**

I have explained the study to the above participant and he/ she has indicated her willingness to take part in this study.

Signature of Investigator…….…………………………… Date……………...

Full Name:……………………………………………………………………………………