Office Use. Protocol ID:

INFORMED CONSENT TEMPLATE

INFORMATION SHEET TEMPLATE

Title of Research Project: [Name of research project]

Principal Investigator: [Name] **Address:** [Name of institution/company and complete address including emails, telephone numbers etc.]

General Information about Research
(State clearly the objective of the research in easily-understood words. There must be a statement that the study involves research, an explanation of the purpose of the research and the expected duration of the participant's participation, a description of the procedures to be followed and the identification of any procedures which are experimental and what the participant(s) is supposed to do. All information about the research must be stated). (NB: Avoid the use of technical language or jargons)

Possible Risks and Discomforts
(Description of any reasonable foreseeable risks or discomfort to the participant. Include physical, social and psychological risk if anticipated.)

Possible Benefits
(Specific language about benefits to individuals and/or society that can be reasonably expected.)

Alternatives to Participation
(Disclosure of appropriate alternatives or courses of treatment, if any, that might be advantageous to the subject). (This does not apply to all studies and usually used for intervention studies)

Confidentiality
(A statement describing the extent, if any, to which confidentiality of records identifying the subjects will be maintained. For example, "We will protect information about you to the best of our ability. You will not be named in any reports. Some staff of [list all groups that may access the research records] may sometimes look at your research records").

Compensation
(If there are any compensation packages either in cash or kind available for participants it must be clearly spelt out in terms of the actual amount or gift to be given, conditions for receiving the package and when it will be made). (Usually compensation should be given at the end of the study)

Additional Cost
(Any additional cost to the participant that may result from participation in the research should be stated). This does not apply to all studies.

Voluntary Participation and Right to Leave the Research
(A statement that the research is voluntary and participant can withdraw without penalty)
Termination of Participation by the Researcher

(Any anticipated circumstances under which the participant's participation may be terminated by the investigator without regard to the participant's consent must be specified). *(Note: This does not apply to all studies)*

Notification of Significant New Findings

(A statement that significant new findings developed during the course of the research that may relate to the participant's willingness to continue participation will be provided to the participant) *(Note: This does not apply to all studies)*

Contacts for Additional Information

Give an explanation of whom to contact for answers to pertinent questions about the research and whom to contact in case of research-related injury. Give names and cell phone numbers that are accessible to the participant. Include the name and contact detail of the Administrator of the EPRC.

Your rights as a Participant

(State clearly the rights of the participant partaking in the research in easily-understood words. There must be a statement that the participant in voluntarily choosing to be part of the study, s/he has the right to information (before, during and after the study), right of refusal to participate, right of refusal to discontinue at any stage/level etc. Additionally, include that; this research has been reviewed and approved by the Ethical and Protocol Review Committee [EPRC] of the College of Health Sciences, University of Ghana. If you have any questions about your rights as a research participant you can contact the EPRC Office between the hours of 8am-5pm on **+233 [030] 294 0528, +233 [030] 266 5103** or email address: **eprc@chs.edu.gh**

STATEMENT OF CONSENT/VOLUNTARY AGREEMENT

The above document describing the purpose, benefits, risks and procedures for the research [title: name of research] has been read and explained to me in detail. I have been allowed to ask any question(s) I have about the research and my question(s) has/have been answered to my satisfaction. I have been told that I may contact *[Name and contact (phone and email) of EPRC Administrator]* and *[Name and contact (phone and email) of Principal Investigator]* if I have questions about my rights as a study participant, to discuss problems, concerns or suggestions related to the research.

I understand that a copy of the information sheet and the informed consent forms will be given to me to take home after it has been signed.

I have read the consent form and agree to participate in this research study voluntarily.

_____	_____
Signature/Thumb print of Participant	Date
_____	_____
Signature/Thumb print of Obtaining Consent	Date

STATEMENT OF WITNESS

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research voluntarily.

_____	_____
Signature/Thumb print of Participant	Date
_____	_____
Signature/Thumb print of Obtaining Consent	Date