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| **Information Sheet for Research Participant** |
| □ Original □ Revise No. ................................. Revise Date ............/............/............ |

**Protocol/Research Title:** .......................................................................................................................................

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**Research Sponsor/ Funding Source: …………………......................................................................................**

**Principle Investigator/ Researcher**

**Name: (Mr./Mrs./Ms.)** ……………………………………………………… **Surname** ……………………………………………………

**Address:** .....................................................................................................................................................................

**Phone number**: .......................................................................................................................................................

**E-mail**: ........................................................................................................................................................................

**Co-Investigator/ Researcher** (Please enter everyone's name)

**Name: (Mr./Mrs./Ms.)** ……………………………………………………… **Surname** ……………………………………………………

**Address:** .....................................................................................................................................................................

**Phone number**: .......................................................................................................................................................

**E-mail**: ........................................................................................................................................................................

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**Dear all research project participants;**

You are an extremely important person in providing information for this research. Therefore, the researcher requests that you please answer the questionnaire truthfully for the benefit of such education. The researcher certifies that the information in your questionnaire responses will be kept confidential. The results of the research will be presented in an aggregated manner without identifying your name/personal information.

Before you decide to participate in the research study, please read this document carefully. In order for you to know the reasons and details of this research study. If you have any additional questions, please ask the researcher or the researcher's team. They will be able to answer your questions and provide clarity for you.

You can ask family, friends, or your doctor for advice about participating in this research project. You have sufficient time to make independent decisions. If you have decided to participate in this research project, please sign the consent form for this research project.

The researcher hopes to receive good cooperation from you and thank you very much for this opportunity. If you have any questions about this research, please contact us at….. *(specifying the name, address, and convenient telephone number of the researcher)*………………………………………

 Thank you very much

Researcher Signature.......................................................................

(................................................................)

Date............../.............................../............

**Rationale and Details of the Study/ Research**

**Background/ Rationale**

(Specify briefly the principles and reasons to get the message across in language that the research participants can easily understand.)

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**Objectives of the research** (can be specified as items)

(Specify details in language that research participants can easily understand.)

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**Methods involved in research**

(Specify research methods/research steps that are easy to understand/ specify the number of participants in the research project, Specify the date, time, and location of the participants meeting.)

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**Expected benefits from the research**

(Specify benefits to volunteers/institutions/society)

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**Risks that may be taken**

(Do not write "no risk" because participating in any research, there will be risks ranging from small risks that are not greater than risks in daily life or minimal risks such as wasted time, inconvenience, discomfort, loss of income and to risks to the body, to the mind, to economic and social risks. The researcher must analyze the risks)

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**Compensation for research participants (if any)**

 You will not receive compensation for participating in the research. But you will receive travel expenses and compensation for lost income or inconvenience or discomfort in coming to see the researcher every time each time..........(amount).............. (Baht/….) Total ……...........(number of times)............times.

**Insurance to protect research participants (if any)**

 The research sponsor has provided insurance to all research participants. which if there is danger or damage to you that is a direct consequence of the research project You will receive.................(specify compensation)...............

**Participation and termination of participation in research projects**

 Participation in this research project is voluntary. If you do not voluntarily participate in the study. You can withdraw at any time. Requesting to withdraw from the research project will not affect your work in any way / will not affect the medical treatment you will receive at present and in the future (in the case of a patient). It will not affect your studies (in the case of being a student/student).

**Protecting the confidentiality of volunteers' information**

 Information that may lead to your identity being revealed will be concealed and will not be disclosed to the public. The results of the research will be presented in an aggregated manner without identifying your name/personal information.

 If you request to revoke your consent after you have participated in the research project. Your personal information will not be recorded further. However, your other information may be used to evaluate research results and you will not be able to return to participate in this project again. This is because your information required for research purposes is not recorded.

**Rights of participants in research projects**

As a participant in a research project, you will have the following rights.

 1. You will be informed of the rationale and objectives of this research.

 2. You will be explained about the methodology of this research.

 3. You will be explained the risks and discomfort of the research.

 4. You will be explained the benefits you may receive from the research.

 5. You will have the opportunity to ask questions about the research or the steps involved in the research.

 6. You will be informed of your consent to participate in this research project. You can withdraw from the project at any time. Participants in the research project can withdraw from the project without any consequences.

 7. You will receive an information sheet explaining the research participants and a copy of the informed consent form.

 8. You have the right to decide whether to participate in the research project or not, without using influence and intimidation, or deception.

If you do not receive appropriate compensation for injury or illness that is directly caused by the research, or you have not received the treatment described in the research participant information sheet. You can complain to the Office of the Human Research Ethics Committee, Dhurakij Pundit University, Learning Center and Library, 4th floor, Tel. 02-9547300 ext. 632, 128, 174 on business days (Monday - Friday, 8:30 a.m. - 4:30 p.m.) or e-mail: dpuhrec@dpu.ac.th

Thank you for your cooperation

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