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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. The researcher would like to ask for your cooperation in the interview. The total interview time was approximately................minutes. (Specify how the volunteer will conduct the interview, when, where, and how) (If there is an audio/photo/video recording, Specify as follows)

 During the interview, the researcher requested permission to audio record/record pictures/video. This is for the accuracy of the content. The researcher will use a code instead of your real name and surname in the interview/videotape recording form and will be destroyed when this study ends.

 The researcher certifies that the information received from you will be kept confidential and will present only the overall results of the research, which will not cause any damage to you in any way. Your name/personal information will not be disclosed. “No photos or videos containing your image will be released to the public”

 (In case the researcher needs to show photos or videos. Use the message:)

 The researcher certifies that the information received from you will be kept confidential and will present only the overall results of the research, which will not cause any damage to you in any way. Your name/personal information will not be disclosed to participate as a volunteer in this research project. You participate voluntarily and can withdraw at any time without losing any rights, whether you participate in this research or not. Therefore, there is no impact on … (Please select the item related to the research, such as) …. your work in any way/ not having any effect on the medical treatment you should receive now and in the future. (In the case of being a patient), it does not affect your studies. (In the case of being a student/student) The volunteers will (receive/not receive) compensation for participating in research …… (amount)........ /souvenir. (explain when and how to give it)

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 President's Office Building 1, 4th floor, Tel. 02-9547300 ext. 632,128 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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