|  |
| --- |
| **Informed Consent Form For research participants** |
| □ Original Version □ Revision No. ............................ Revised Date ............/............/............ |

Research Title: ....................................................................................................................................................

.................................................................................................................................................................................

Consent Date: ..........................................

(Day/Month/Year)

I am Mr./Mrs./Miss ................................................................................................................................................

Address ......................................................................................................................................................................

I have read the details from the attached information document for participants in the research project dated ...................................... and I agree to voluntarily participate in the research project.

I have received a copy of the consent form for participation in the research project that I have signed, along with the participant information sheet. Before signing the consent form for this research, I was explained by the researcher regarding the objectives of the research, the duration of the research, the research methods, possible risks in the research process, and the benefits that will arise from this research. I had enough time and opportunity to ask all my questions until I fully understood. The researcher answered all my questions willingly and transparently until I was satisfied.

I was informed by the researcher that if any harm occurs because of the research, I will receive medical treatment at no cost. (Please specify if compensation will be provided by the research sponsor..............................................)

I understand my right to terminate my research participation at any time without having to provide a reason, and my termination from the research will not affect any rights that I am entitled to receive in the future.

The researcher guarantees that my personal information will be kept confidential and will be disclosed only with my consent. Other persons on behalf of the research sponsoring company, the Human Research Ethics Committee may be allowed to inspect and process the personal data of research participants. This will only be done for the purpose of verifying the accuracy of the information.

The researcher guarantees that no additional information will be collected after I request to cancel my participation in the research project and destroy all information that can be traced to me.

I understand that I have the right to inspect or correct my personal data and can revoke my authorization to use my personal data by notifying the researcher.

I understand that the research data, including my personal information that will remain anonymous, will undergo various processes such as data collection, recording in logs and on computers, verification, analysis, and reporting for academic purposes only, including potential future use of the research.

If I have any questions regarding the research, I can contact the principal investigator at ……… (name of the principal investigator, contact location, phone number, and the best times to reach them during and outside of office hours) ………, and the person responsible for this matter is …………….......................................................................................................................................................................

If I am treated in a manner that is not consistent with what is stated in the participant information sheet, I can contact the Chairman of the Human Research Ethics Committee or their representative at the 'Office of the Human Research Ethics Committee, Dhurakij Pundit University,' located on the 4th floor of the DPU Learning Center and Library. The phone numbers are 02-9547300 ext.128, 174, 632 during office hours (Monday–Friday, from 08:30 AM to 04:30 PM).

I have read the above text and fully understand all aspects. I am willing to participate in the research and have signed this consent form.

.................................................................................. (Signed by the person giving consent)

(................................................................................) (in print)

Date .............................................................................

.................................................................................. Researcher’s Signature

(................................................................................) (in print)

Date .............................................................................