**Informed Consent and Authorization Form**

I, the undersigned[[1]](#footnote-1), , ,

 *(Name) (ID)*

 *(address)*

1. Hereby state that I agree to participate in a study on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I hereby state that has explained to me:
* The study’s aims
* The study’s methods
* The duration of my participation
* The location of study
* Potential side-effects or discomforts that may be caused to participants during the study, as well as the expected benefit to them
* The expected risks to participants
1. It has been made clear to me that I am free to stop my participation in the study at any time, without compromising my rights, without any harm done to me, and without any sanction imposed on me.
2. I have been assured that the confidentiality of my personal identity will be protected in publications on the study in which I am to participate and any related texts on the research project.
3. I have been assured that the researchers would be willing to answer any questions I may have and that I may consult with another party with regard to my decision on whether to participate or continue participating in the study.
4. I hereby affirm that I have given my consent voluntarily, having understood all of the above.

Participant name Participant/guardian signature Date

1. The form must be completed in the first person (in the research participant’s name). [↑](#footnote-ref-1)