|  |
| --- |
| **Informed Consent Form** |
| □ Original □ Revise No. .................................... Revise Date ............/............/............ |

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

My name is................................................................, aged.............years old, address .......................................... road/street......................................sub-district/tambon..................................... district/amphur........................................

province.......................... postal code……….........tel. .......................

I hereby express my consent to participate as a subject in the research project entitled……………………..……

………………………………………………………………………………………………………………………………

In so doing, I am informed of the research project’s origin and purposes; its procedural details to carry out or to be carried out; its expected benefits and risks that may occur to the subjects, including methods to prevent and handle harmful consequences; and remuneration, and expense. I thoroughly read the detailed statements in the information sheet given to research subjects. I was also given explanations and my questions were answered by the head of the research project.

I therefore consent to participate as a subject in this research project.

On the condition that I have any questions about the research procedures, or on the condition that I suffer from an undesirable side effect from this research, I can contact (Indicate the name of the person in charge who is 24-hour ready for contact by phone).

On the condition that I am not treated as indicated in the information sheet distributed to subjects, I can contact the Chair of Mahidol University Central Institutional Review Board, (MU-CIRB) at the office of the President, Mahidol University, Tel 66-2-8496224-5, Fax 66-2-849-6224.

I am aware of my right to further information concerning benefits and risks from the participation in the research project and my right to withdraw or refrain from the participation anytime without any consequence on the service or health care I am to receive in the future. I consent to the researchers’ use of my private information obtained in this research, but do not consent to an individual disclosure of private information. The information must be presented as part of the research results as a whole.

I thoroughly understand the statements in the information sheet for the research subjects and in this consent form. I thereby give my signature.

 Signature................................................ Participants/ Proxy/ Date......../......../........

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

Signature................................................. Principal Investigator/ Representative

(....................................................................)/ Date......../......../........

 In case that the participant is illiterate, the one who read this document for the participant is (Mr./Mrs./Ms…

……………………….), who gives his/her signature as a witness.

 Signature.....................................................Impartial Witness/ Date......../......../........

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