

Participant Information Sheet
INSTITUTIONAL ETHICS COMMITTEE - 2
HM PATEL CENTRE FOR MEDICAL CARE AND EDUCATION, KARAMSAD

[To be filled in two copies, signed by both – participant as well as investigator]
[One copy to be given to participant and other retained by investigator]

This Information sheet is for [mention to whom it is to be given]:

The title of our research project:

Name of Principal Investigator:

Contact no. of Principal Investigator:

Name & address of Organization:

Introduction

I am going to give you information and invite you to be part of this research. Before you decide, you can talk to anyone you feel comfortable with about the research. There may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me.

Purpose of the research

[To details the goal of the research and potential benefits]

Participant selection

[Mention the process of selection of participants for proposed research]

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. Whether you choose to participate or not, will not have any effect on the health/ educational services you are currently receiving. You may change your mind later and stop participating even if you agreed earlier.

Procedures and Protocol

[Detail the process involved in the proposed research]

Title of project:

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Risks

[Clearly detail risks involved, if any. In case of no risk, declare that too]

Benefits

[Declare whether there is going to be any benefit or not to the study participants]

Confidentiality

We will not be sharing the identity of those participating in the research.

Sharing of information

The results of the research would be used for academic purpose. We will publish the results in order that other interested people may learn from our research. Your identity will not be revealed in any information released to third parties or published.

Right to Refuse or Withdraw

You are free to withdraw from this study at any time, without giving any reason, without your medical care or legal rights being affected.

Signature, name and address of participant/ **Legally acceptable representative**

Signature, name and address of witness [if applicable]:

Signature with name of investigator

Address of Ethics Committee with contact number:

IEC, HMPCMCE, Karamsad
+91 2692 228474 [O], +91 9824477874 [Member Secretary]

Title of project:

Proposals not in format would not be accepted. Kindly print on both sides of the page, Save Paper. Page 2 of 2