**MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**RESEARCH ETHICS COMMITTEE**

P.O. Box 1410 Mbarara, Tel: +256-48-542-0785, Fax: +256-48-542-0782

CONSENT FOR STORAGE OF RESEARCH MATERIALS

1. Mention the nature of research materials to be stored.
2. State the reason(s) why you wish to store the research materials.
3. How long will you store the research materials?
4. Where will you store the research materials? Give the full physical address, telephone contact, and email address of the location.
5. Describe the disposal plan for the research materials after the expiry of the storage period.

I, \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ accept/do not accept that the research materials obtained from my body as a research participant can be stored confidentially for future use.

Signed by

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Name of participant Signature Date

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Name of principal investigator Signature Date