**MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**RESEARCH ETHICS COMMITTEE**

P.O. Box 1410 Mbarara, Tel: +256-48-543-3795, Fax: +256-48-542-0782

E-mail: irc@must.ac.ug, mustirb@gmail.com

INFORMED CONSENT FORM

This document outlines the research study and expectations for potential participants. It should be written in layman terms and typed on MUST-REC letterhead.

**Instructions**

1. The wording of this document should be directed to the potential participant not MUST-REC.
2. If a technical term must be used, then define it the first time it is used and any acronyms or abbreviations used should be spelled out the first time they are used.
3. All the sections of this document must be completed without any editing or deletions.
4. Please use a typing font that is easily distinguishable from the questions of this form. Preferably the font size should be 12.

**Study title** – This should be the same as on all other documents related to the study.

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**Principal Investigator(s)**

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**Introduction**

What you should know about this study:

1. You are being asked to join a research study.
2. This consent form explains the research study and your part in the study.
3. Please read it carefully and take as much time as you need.
4. You are a volunteer. You can choose not to take part and if you join, you may quit at any time. There will be no penalty if you decide to quit the study.

**Brief background to the study**

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**Purpose of the research project**

Include a statement that the study involves research, estimated number of participants, an explanation of the purpose(s) of the research procedure and the expected duration of the subject's participation.

**Why you are being asked to participate?**

Explain why you have selected the individual to participate in the study.

**Procedures**

Provide a description of the procedures to be followed and identification of any procedures that are experimental, clinical etc. If there is need for storage of biological (body) specimens, explain why, and include a statement requesting for consent to store the specimens and state the duration of storage.

**Risks or discomforts**

Describe any reasonably foreseeable risks or discomforts-physical, psychological, social, legal or other associated with the procedure, and include information about their likelihood and seriousness. Discuss the procedures for protecting against or minimizing any potential risks to the subject. Discuss the risks in relation to the anticipated benefits to the subjects and to society.

**Benefits**

Describe any benefits to the subject or other benefits that may reasonably be expected from the research. If the subject is not likely to benefit personally from the experimental protocol note this in the statement of benefits.

**Incentives or rewards for participating**

It is assumed that there are no costs to subjects enrolled in research protocols. Any payments to be made to the subject, e.g., travel expenses, token of appreciation for time spent, must also be stated, including when the payment will be made.

**Protecting data confidentiality**

Provide a statement describing the extent, if any, to which confidentiality or records identifying the subjects will be maintained. If data is in form of tape recordings, photographs, movies or videotapes, researcher should describe period of time they will be retained before destruction. Showing or playing of such data must be disclosed, including instructional purposes.

**Protecting subject privacy during data collection**

Describe how the privacy of the participant will be ensured during the process of data collection.

**Right to refuse or withdraw**

Include a statement that participation is voluntary and that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled.

**What happens if you leave the study?**

Include a statement that the subject may discontinue participation at any time without penalty or loss of benefits.

**Who do I ask/call if I have questions or a problem?**

Include contact for the researcher and Chairperson, MUST-REC.

Dr. Francis Bajunirwe

Chairman, MUST-REC

P.O. Box 1410 Mbarara

Tel: 0485433795/0772 576 396

**What does your signature or thumbprint on this consent form mean?**

Your signature on this form means

* You have been informed about this study’s purpose, procedures, possible benefits and risks
* You have been given the chance to ask questions before you sign
* You have voluntarily agreed to be in this study

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Name of adult participant Signature/Thumbprint of participant/ Date

Parent/Guardian/Next of Kin

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Name of person obtaining consent Signature Date

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Print Name of witness Signature or thumbprint or mark Date