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**UNIVERSITY OF SOUTHERN PHILIPPINES FOUNDATION**

**Office of the Research Ethics Committee**

Salinas Drive, Lahug, Cebu City, 6000 Philippines ● Tel Nos.: (6332) 414-8773 Email: orec@uspf.edu.ph

***\****\* Do not use for collection of biospecimens or research involving genetic/genomic analyses or experiments\**\**

**Consent To Be Part Of A Research Study**

**Title of the study**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Researcher(s):**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Institution (***where the researchers are affiliated***)**

**Study Sponsor:** [*Name*] Delete if this does not apply.

**Introduction**

We are inviting you to participate in a research study about [*Title of the research study*] which shall take place at [*area of data gathering*]. This form will tell you about the study to help you decide whether you want to take part in it. Your participation is completely voluntary. Please read the information below, and ask questions about anything you do not understand, before deciding whether to participate. Please take as much time as you need to read this consent form.

If you decide to participate, you will be asked to sign this form and be given a copy.

**Purpose of the Study**

The purpose of the study is to [*provide a brief, simple, non-technical description of the project*]. If you choose to participate, you will be asked to [*do what, when, where, and how*]. This will take approximately [*period of time*]. Risks or discomforts from this research include [*briefly describe*]. The direct benefits of your participation are [*description of potential direct benefits to participants – or state that there are no direct benefits*].

**Study Procedures**

If you volunteer to participate in this study, you will be asked [*edit this part fitting on how you will have your study procedure e.g: voice recording, answering surveys, acquiring private details or records,etc].* Check the box below for your answer.

 Yes, it’s okay for me to be recorded.

 No, it’s not okay for me to be recorded.

**Potential Risks and Discomforts**

You may feel discomfort during the test because of some sensitive nature of the topic being studied. You may opt not to answer questions that make you feel any psychological or emotional distress, or you can withdraw as a participant of the study if you feel that you cannot discuss the information that is asked from you. The researchers value your participation and will place your welfare as their highest priority during the study.

**Potential Benefits to the Participants and/or to Society**

This study can generate relevant information which can be useful to [*insert your purpose and goal of your study*] through research and reporting; increased capacity and knowledge among [*who are your study participant and how will this study benefit them or the other target sector*].

**Confidentiality**

We will keep your records for this study confidential as far as permitted by law. Any identifiable information obtained in connection with this study will remain confidential, except, if necessary, to protect your privacy, rights and/or welfare. This certificate means that the researcher can resist the release of information about your participation to people who are not connected with the study. When the results of the research are published or discussed in conferences, no identifiable information will be used.

**Participation and Withdrawal**

Your participation is voluntary. Your refusal to participate will not involve penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

**Investigator’s Contact Information**

If you have any questions or concerns about the research, please feel free to contact the researcher or the USPF Office of the Research Ethics Committee through their email or cellphone number if you need to see them, they can be located at the University of Southern Philippines Foundation with contact number (032) 4148 773 Lahug, Cebu City.

 [PI’s contact info] (edit this area)

*For questions about the assent and informed consent and any other ethical consents regarding this research, please contact the USPF Institutional Chairperson with the contact information below.*

***Faye Coleen Rosales Suyao, MA Anth***

*orec@uspf.edu.ph*

*Institutional Chairman*

*USPF Research Ethics Committee*

**Research Participant’s Consent**

**I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form. I can withdraw my consent at any time and discontinue participation without penalty.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SIGNATURE ABOVE AND**

 **PRINTED NAME OF PARTICIPANT DATE SIGNED**

**To be accomplished by the Researcher Obtaining Consent:**

I have explained the research to the participant and answered all his/her questions. I believe that he/she understands the information described in this document and freely consents to participate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Person Obtaining Consent Date Signed

Endorsed by/Recommended by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Adviser/Mentor

Date Filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_