Consent for participation in research at KAUST

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| --- | --- |
| Project title: | Click or tap here to enter text. |
| PI name: | Click or tap here to enter text. |
| Division: | Click or tap here to enter text. |

For questions about the study contact:

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| --- | --- |
| Name: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text.  |
| Phone number: | Click or tap here to enter text. |

Introduction:

Please read this form. You may request to have the form read to you. You are encouraged to ask any questions that you may have about this study, now, during or after the project is complete. Your participation is voluntary.

*Give a short introduction here*

Description of the study:

You are invited to participate in this research study.

*Describe the project and inclusion criteria. Example of text for inclusion criteria: ”The study will be limited to apparently healthy adults in KAUST Community, students and members of the lab will not be invited to participate”*

What are the possible risks of taking part in this study?

The KAUST IBEC has determined that this study possess minimal risk. This means that the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

*List any potential risks such as disclosure of private information for example” We minimized any potential risks by using well-known and hypo allergenic material in our product, which did not show any signs of irritation to the skin in our experiments so far. For the case of having an unusual response, please wash the area with clean water for 15 minutes and visit the KAUST Medical Center (KMC), if needed*

Click or tap here to enter text.

How will my privacy be protected?

*Describe how the participant’s data and their privacy will be protected. Typically this would state “Your name or any other identifying information will NOT be recorded as part of the study.” OR “Your private information will be maintained by the study coordinator in a locked cabinet and will only be accessible to the PI and the Study Coordinator.”* “*The results of this research study may be presented at scientific or professional meetings or published in scientific journals. However, your identity will not be disclosed at any point”*

Click or tap here to enter text.

What are the possible benefits of taking part in this study?

*Typically this would state “The participant will not receive any direct benefit from participation in this study.”* *Distinguish between direct benefits to the individual and indirect benefits "*

Click or tap here to enter text.

What will it cost me?

*Explain any potential cost the participant will incur as part of the study*

Click or tap here to enter text.

How much time will the testing take?

Click or tap here to enter text.

Will I receive any economic compensation?

Click or tap here to enter text.

Who is funding this study?

The study is funded by: Click or tap here to enter text.

What are my rights as a research participant?

If you have read this form and have decided to participate in this study, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

The results of this research study may be presented at scientific or professional meetings or published in scientific journals. However, your identity will not be disclosed**.**

You have the right to refuse to answer particular questions.

Whom may I contact with questions?

If you have any questions, concerns or complaints about this research study, its procedures, risks and benefits, or if anything changes in your medical condition, contact the Principal Investigator or Study contact.

If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact KAUST Institutional Biosafety and Bioethics Committee (IBEC) IBEC@kaust.edu.sa

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| --- | --- | --- |
| Name of participant  | Signature of participant  | Date |
| Click or tap here to enter text. |  | Click or tap to enter a date. |
| Identification of participant | Signature of PI or Study coordinator  | Date |
| [ ] KAUST id[ ] National id |  | Click or tap to enter a date. |

*Note to Investigators: When you have filled this form delete all red text,*

 *It’s just a description*