ETHICS REVIEW COMMITTEE

FORMAT OF A PROPERLY STRUCTURED INFORMED CONSENT FORM

I ----------Registration No: ----------

pursuing a degree in ----------

Department of ----------

School of ----------

in …….. University.

I am undertaking a study on----------

The purpose of this study is ----------

Participants in this study are expected to ----------

State whether there are some risks involved----------

State whether there are some benefits----------

State how confidentiality of information will be handled----------

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Participants: I have read the information above and I ACCEPT or **REJECT** to participate in this research.

Participant signature ----------Date----------

PI Signature ----------Date----------

Contact of PI: Name: ----------Contact phone:----------