*Submit Consent Documents in **Microsoft Word ONLY*** *Leave blank for HREC Office Use.*	***HREC Office Use Only:*** Approval Date: Approved Consent HREC Version No.: PI Name: HREC No.

INSTITUTE OF PUBLIC HEALTH, OBAFEMI AWOLOWO UNIVERSITY, ILE IFE

INFORMED CONSENT DOCUMENT

This is the consent form template for creating your informed consent document. Please review the companion "Consent Form Instructional Template" for guidance.
Delete this box and all other guidance boxes

Insert an identifier in the footer such as version number and/or date on the first page

If there are more than one consent form, identify each document by the population who will sign it, for example, "Adult Controls", "Parents", "Teachers", etc.

<<Insert Type of Consent Document here>>

Study Title:

Principal Investigator:

HREC No.:

PI Version Date:

Investigators are expected to write consent forms in simple language. Check the **instructional template** for guidance about assessing reading levels.

What you should know about this study

- You are being asked to join a research study.
- This consent form explains the research study and your part in the study.
- Please read it carefully and take as much time as you need.
- Participation in this study is optional. You may decide to leave at any time without being penalizes.
- During the study, we will tell you if we learn any new information that might affect whether you wish to continue to be in the study.

Information about each of the following sections may be found in the **instructional template.**

Purpose of research project

Why you are being asked to participate

Procedures

Risks/discomforts

Benefits

Payment

Protecting data confidentiality

Add the following sections, if applicable (see instructional template).
If none are applicable, skip to section titled, "Who do I call if I have questions or problems?"

Protecting subject privacy during data collection

Alternatives to procedures or treatments

Biological specimens

Insert applicable specimen(s) names and use text as written:
The < **insert specimen name** > and data collected from you during this study are important to science. You will not own the < **insert specimen name** > or data after you

give it to the study. You will not receive any financial benefit from any product or idea created by the investigators using the data or materials collected from you.

Cost of participation in the study

What happens if you leave the study early?

Sharing your health information with others

People at [Obafemi Awolowo University/Collaborating Institution] who work on the study or who need to make sure the study is being done correctly may see the [answers to questions/information].

Conflict of Interest

Payment of treatment costs for injury or illness from study participation

Clinical Trial Registration

Include in all consent forms

Who do I call if I have questions or problems?

Research conducted in an **international setting** must provide a local contact name and telephone number, address, and email, if available. If a local HREC is overseeing the study, replace the information below with contact information for the local HREC.

- Call the principal investigator, <<insert name>>, at <<telephone number>> if you have questions, complaints, or get sick or injured as a result of being in this study.

- Call or contact the Institute of Public Health, Obafemi Awolowo University HREC Office if you have questions about your rights as a study participant. Contact the HREC if you feel you have not been treated fairly or if you have other concerns. The HREC contact information is:

Address: Health Research and Ethics Committee
Institute of Public Health
Obafemi Awolowo University
PMB 045, OAU Post Office
Postal Code 220005
Ile Ife
Telephone: +234 808 842 8726
E-mail: iph@oauife.edu.ng
iphoauife@gmail.com

*Submit Consent Documents in **Microsoft Word ONLY*** *Leave blank for HREC Office Use.*	***HREC Office Use Only:*** Approval Date: Approved Consent HREC Version No.: PI Name: HREC No.

Keep the questions below on the same page as the signature lines.

What does your signature (or thumbprint/mark) on this consent form mean?

Your signature (or thumbprint/mark) 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.

Add any of the following lines that are required; delete any that do not apply.

_____	_____	_____
Print name of Adult Participant	Signature of Adult Participant	Date
_____	_____	_____
Print name of Legally Authorized Representative (LAR)	Signature of LAR	Date

_____

Relationship of LAR to Participant

Ask the participant to mark a "left thumb impression" in this box if the participant (or participant's parent) is unable to provide a signature above.

Include this Assent Statement in all studies involving children, unless using a separate Assent Form. Delete box and statement below if not applicable.

Assent Statement _____

Print name of child participant

This research study has been explained to my child in my presence in language my child can understand. He/she has been encouraged to ask questions about the study now and at any time in the future.

_____	_____	_____
Print name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date
_____	_____	_____
Print name of Witness (if needed and approved by HREC)	Signature of Witness	Date

*Submit Consent Documents in **Microsoft Word ONLY*** *Leave blank for HREC Office Use.*	***HREC Office Use Only:*** Approval Date: Approved Consent HREC Version No.: PI Name: HREC No.

Always include:

_____	_____	_____
Print name of Person Obtaining Consent	Signature of Person Obtaining Consent	Date

Give one copy to the participant and keep one copy in study records