KORLE BU TEACHING HOSPITAL

KBTH-IRB CONSENT FORM

Personal Details			
Title:	**Surname:**	**First Name:**	**Middle Name:**

Place of birth:							**Gender**		Male ☐		Female ☐	
Date of Birth (dd-mm-yyyy) Please attach birth certificate												
Phone N°												
Home Address												
Email				**Postal Address**								
Nationality: Ghanaian ☐ Foreigner ☐ **If foreigner, State Country:**												
Occupation:												
Person to notify in case of emergency:			**Name:**							**Telephone:**		

Applicant Information	
Title: *[Name of research project]*	
Principal Investigator: *[Name]*	
Address: *[Name of institution/company and complete address]*	

General Information about Research : *(State clearly the objective of the research in easily-understood words. There must be a statement that the study involves research, an explanation of the purpose of the research and the expected duration of the participant's participation, a description of the procedures to be followed and the identification of any procedures which are experimental and what the participant(s) is supposed to do. All information about the research must be stated)* ***(NB: Avoid the use of technical language or jargons)***

Possible Risks and Discomforts: *(Description of any reasonable foreseeable risks or discomfort to the participant. Include physical, social and psychological risk if anticipated.)*

Possible Benefits: *(Specific language about benefits to individuals and/or society that can be reasonably expected.)*

Alternatives to Participation: *(Disclosure of appropriate alternatives or courses of treatment, if any, that might be advantageous to the subject).* ***(This does not apply to all studies and usually used for intervention studies)***

Confidentiality: *(A statement describing the extent, if any, to which confidentiality of records identifying the subjects will be maintained. For example, "We will protect information about you to the best of our ability. You will not be named in any reports. Some staff of [list all groups that may access the research records] may sometimes look at your research records").*

Compensation: *(If there are any compensation packages either in cash or kind available for participants it must be clearly spelt out in terms of the actual amount or gift to be given, conditions for receiving the package and when it will be made) Usually compensation should be given at the end of the study.*

Additional Cost: *(Any additional cost to the participant that may result from participation in the research should be stated)* ***This does not apply to all studies***

Voluntary Participation and Right to Leave the Research: *(A statement that the research is voluntary and participant can withdraw without penalty)*

Termination of Participation by the Researcher: *(Any anticipated circumstances under which the participant's participation may be terminated by the investigator without regard to the participant's consent must be specified)* ***NB:(This does not apply to all studies)***

Notification of Significant New Findings: *(A statement that significant new findings developed during the course of the research that may relate to the participant's willingness to continue participation will be provided to the participant)* ***NB:(This does not apply to all studies)***

Contacts for Additional Information *(Give an explanation of whom to contact for answers to pertinent questions about the research and whom to contact in case of research-related injury. Give names and mobile numbers that are accessible to the participant)*

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Korle Bu Teaching Hospital for Medical Research (KBTH-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline ***0302666766 or email addresses: rdo@kbth.gov.gh***

Volunteer Agreement

The above document describing the benefits, risks and procedures for the research title **(name of research)** has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

Name and signature or mark of parent or guardian **Date**

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Name and signature of witness : **Date:**

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Name Signature of Person Who Obtained Consent : **Date:**