



KORLE BU TEACHING HOSPITAL

KBTH-IRB PARENTAL CONSENT FORM

Personal Details

Title:	Surname:	First Name:	Middle Name:
Place of birth:		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth (dd-mm-yyyy) Please attach birth certificate			
Phone N°			
Home Address			
Email		Postal Address	
Nationality: Ghanaian <input type="checkbox"/> Foreigner <input type="checkbox"/>	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]	

NB: The parental consent should be written in a language addressing the child

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 child's participation, a description of the procedures to be followed and the identification of any procedures which are experimental and what the child (children) is supposed to do. All information about the research must be stated) (NB: Avoid the use of technical language or jargons)

Possible Benefits: (Specific language about benefits to child 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 child). (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 child will be maintained. For example, "We will protect information about your child to the best of our ability. Your child will not be named in any reports. Some staff of [list all groups that may access the research records] may sometimes look at your child's research records").

Compensation: (If there are any compensation packages either in cash or kind available for the children it must be clearly spelt out in terms of the actual amount to be given 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 child 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 the child can withdraw without penalty).

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

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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) (This does not apply to all studies)*

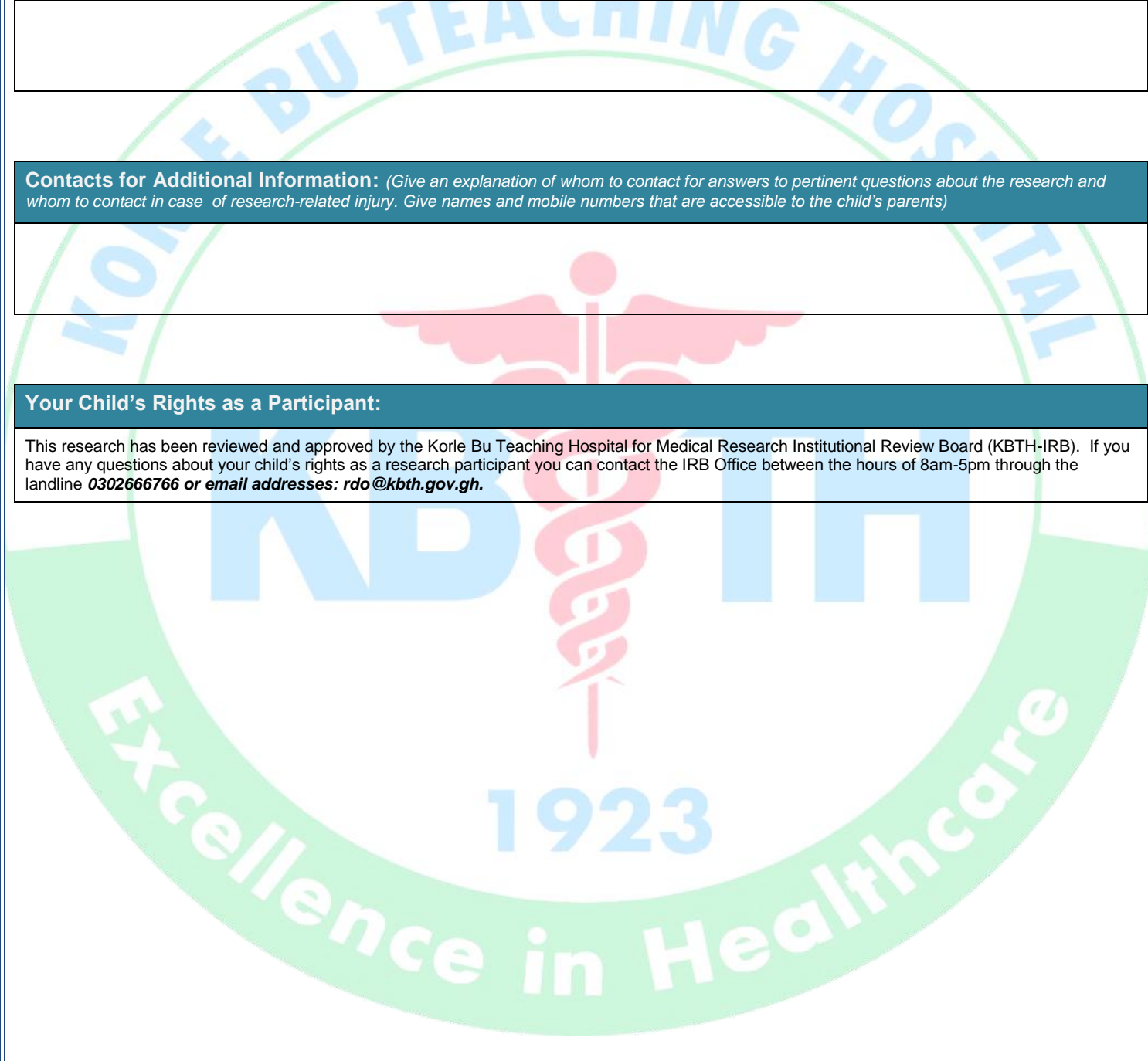
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Contacts for Additional Information: *(Give an explanation of whom to contact for answers to pertinent questions about the research and whom to contact in case of research-related injury. Give names and mobile numbers that are accessible to the child's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

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Your Child's Rights as a Participant:

This research has been reviewed and approved by the Korle Bu Teaching Hospital for Medical Research Institutional Review Board (KBTH-IRB). If you have any questions about your child's 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 that my child should 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 child's parent or guardian. All questions were answered and the child's parent has agreed that his or her child should 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:

Applicant Information:
