**INFORMATION AND CONSENT FORM**

My name is and I am a student at the Faculty of , at Saint Joseph University of Beirut (USJ).

I invite you to participate in my research project entitled:

**“  .”**

My research supervisor is: . Their contact information is: You can also contact them by email on:

* *Explain here why you choose this participant: I am asking you because………………………*

This study has been approved by the USJ Ethics Board.

The present document provides you with information about the terms and conditions of this research project. If there is any part that you do not understand, please feel free to ask any question. To participate, you are required to sign the present consent form.

You can take the time to read and understand the information in order to decide whether or not to participate.

**Purpose of the project**

|  |
| --- |
| * *Do not copy and paste the objectives of the preliminary draft. Formulate the objectives in a coherent paragraph using simple sentences.* |

**Study approach**

|  |
| --- |
| * *Directly address the participant! You…* * *Explain in detail what is required of each participant: the number of visits, the location, the tests that will be performed (if blood will be drawn, specify the volume of blood drawn, the number of samples), and any other constraint and obligations.* |

**Advantages and disadvantages that may arise from this study**

|  |
| --- |
| By participating in this study, you are doing me a great service and will allow me to learn more about .   * *Specify known, foreseeable risks and any benefits to the participant* * *E.g. This research poses no risk to your health. There is no direct individual benefit to you from participating in it.* |

**Financial compensation**

|  |
| --- |
| * *E.g. There is no financial compensation for your participation in this research project.* * *E.g. Your collaboration in this research protocol will not entail any financial participation on your part. All costs related to the study will be covered by the study sponsor.* |

**Participant's freedom and right to withdraw**

Your participation in this research project is completely voluntary.

You are free to accept or refuse participation in this study. You may withdraw your participation at any time without having to justify your decision or suffer any prejudice whatsoever.

To access your data, to rectify them, to ask for their deletion, to exercise your right to limit the processing of your data, or for any question about the processing of your data, you can contact us either on my email address or on the email address of my research director.

**Information confidentiality**

During your participation in this research project, I will collect and securely record, in a research file (computer and/or paper), information about you necessary for the proper conduct of the research project. This may include the following information: name, gender, date of birth, lifestyle habits, results of all tests, examinations and procedures you will undergo during this project, etc.

All information collected during the research project will be strictly kept confidential. In order to preserve your anonymity and the confidentiality of this information, you will be identified only by a code number. I will only use the data for research purposes in order to meet the scientific objectives of the project.

**Purpose of the treatment**

The data collected will only be used for this research project. It will not be communicated to any other entity. The legal basis for the treatment is your consent.

**Video recording and/or taking photographs**

* *Choose one option and delete the text from the other option.*
* *If there is only an audio recording, please delete the questions on the photographs or videos.*

This research does not involve taking photographs, audio or video recording.

Some sessions may be audio and/or video recorded and photographs may be taken. I would like to be able to use these, with your permission, for training purposes and/or scientific presentations. Your recordings and photographs will be destroyed at the end of the project in a confidential manner. However, it is not necessary to consent to this section to participate in this project.

Do you give me permission to take photographs?

Yes  No

Do you give me permission to make audio recordings?

Yes  No

Do you give me permission to make video recordings?

Yes  No

Do you give me permission to use this material for training purposes or scientific presentations and to store it with your research data?

Yes  No

**Data storage and destruction deadline**

I undertake to store all data collected during the research project in a secure and confidential location. Your personal data will be destroyed two years upon completion of the study. However, the results of the research will be retained and will not be deleted.

**Publication of data and data recording**

You will be informed of the results of the research and the publications that will result from it, if you so wish.

Data from the research project may be published in scientific journals or shared with other people in scientific discussions. No publication or scientific communication will contain any information that could identify you.

**Subsequent studies**

It is possible that the results of this study may lead to further research. If so, would you allow me to contact you again and ask if you would like to participate in this new research?

Yes  No

**Understanding the information**

You may obtain additional information regarding the research from my research sponsor. You can also ask the representative of the Ethics Board (Tel. 01421000 - ext. 2229), at any time, for further information, explanation of your rights and help in case of conflict.

**Consent of the participant**

I declare that I have read the above research and that it has already been accepted by the Research Ethics Board of Saint Joseph University.

I acknowledge that the project has been explained to me, that my questions have been answered, and that I have been given sufficient time to make a decision. I agree to participate in this research project under the conditions stated herein.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

* *Delete the paragraph below if the research does not include minor participants.*

***For participants under the age of 18****, the approval of a legal guardian of the participant will be required for the following consent:*

I consent, as the father/mother of Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to allow their participation in this research project under the conditions stated herein.

Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Researcher's Statement**

I certify that I have explained to the participant the purpose and conduct of the study. I have also answered all questions the participant may have, and I have made it clear that they are free to withdraw from the research project described above. I undertake with the research team to respect what has been agreed upon in the information and consent form and to provide a signed copy to the participant.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number:

Email:

Signature