**Consent Form for Research Participants**

Address ………………………………………

Date ……………………………………………

**Code number of participant** ………………………..............................................…………………………

I who have signed here below agree to participate in this research protocol

**Title** “……………..………………………………………..……..........................................................………………”

**Principle researcher’s name** ……………………………………………………………...……………………………

**Contact address** ………………………………………………………………………………………………………………..

**Telephone** ……………………………………………………………………………………………………………….............

I have **been informed (or read)** the rationale and objective(s) of the research. Details of the procedures to be followed or treated, risks/harms, confidentiality and benefits that will arise during the research. I have read the **Information sheet for research participants** and I have received explanations from the researcher until I clearly understand with satisfaction.

I therefore **voluntarily participate** in this research project. I have the **right to withdraw** from the research at any time as I wish. In case that the researcher asks to know the reason, I still have the right to inform or not to inform. This withdrawal **will not have any negative impact upon me (eg: still receive the usual services).**

The researcher has guaranteed that procedure(s) acted upon me would be exactly the same as indicated in the **Information sheet for research participants. If I am not treated as indicated**, I can make a complaint to the Human Research Ethics Committee of Thammasat University (Science), (HREC-TUSc), Room No. 112, Dome Administrative Building, 1st Floor, Thammasat University Rangsit Campus, Prathumthani 12121, Thailand, Tel: 0-2564-4440 ext.7358 E-mail: [ecsctu3@tu.ac.th](mailto:ecsctu3@tu.ac.th)

I have signed (or fingerprinted) in the presence of witnesses, and I have received a copy of the **Information sheet for research participants** and a copy of the **Consent Form for research participants**.

|  |  |
| --- | --- |
| Sign …………………..…………… | Sign (or fingerprint) …………………..…………… |
| (………………………..………)  Consent requester Date…………../…………../…………… | (………………………..………)  Participant  Date…………../…………../…………… |
|  |  |
| Sign …………………..…………… | Sign …………………..…………… |
| (………………………..………)  Witness  Date…………../…………../…………… | (………………………..………)  Witness  Date…………../…………../…………… |
|  |  |