**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

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**.

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