**Consent Form for research participants**

***Instruction: Please modify this form accordingly***

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 **(read or been informed)** about rationale and objective(s) of the project, what I will be engaged with in details, risk/ham and benefit of this project. The researcher has explained to me and I **clearly understand with satisfaction.**

I willingly **agree** to participate in this project and consent the researcher to (indicate what will be performed upon participant ………………………**e.g.:** Response to questionnaires./Enroll in the training program.For how long and how many time.

How many time and amount (tea spoonful) of blood will be taken. After the end of the project personal data e.g. **tape recorder will be deleted, blood will be destroyed. If it will be kept for future studies, should be stated in the Informed Consent Form.**

I have **the right** to withdraw from this research protocol at any time as I wish with no need to **give any reason**. This withdrawal **will not have any negative impact upon me (eg: still receive the usual services).**

Researcher has guaranteed that procedure(s) acted upon me would be exactly the same as indicated in the information. Any of my personal information will be **kept confidential.** Results of the study will be reported as total picture. Any of personal information which could be able to identify me will not appear in the report.

**If I am not treated as indicated in the information sheet**, I can report to the Human Research Ethics Committee of Thammasat University (Science), (HREC-TUSc), Room No. 110, Piyachart Building, 1st Floor, Thammasat University Rangsit Campus, Prathumthani 12121, Thailand, Tel: 0-2986-9213 ext.7358 E-mail: ecsctu3@tu.ac.th

I also have received a copy of Information Sheet and Consent form.

|  |  |  |
| --- | --- | --- |
| Sign …………………..…………… | | Sign …………………..…………… |
| (………………………..………)  Date…………../…………../…………… | | (………………………..………)  Date…………../…………../…………… |
| Principle Investigator | | Participant |
| Sign …………………..…………… | Sign …………………..…………… | |
| (………………………..………)  Date…………../…………../…………… | (………………………..………)  Date…………../…………../…………… | |
| Witness | Witness | |

***Note:*** *If the research carries no more than minimal risk; risk is likely no more than routine care/life****,*** *e.g.: telephone survey/interview/research involving secondary data or anonymous specimens which names and addresses of the owner cannot be traced. The researcher can request to waive signed consent. In addition, signed consent might be waived when an unjustified threat to the subject’s confidentiality is inevitable, e.g.: research in drug abuses, HIV subjects, persons infected with venereal diseases, sex workers, illegal workers etc. However, the information must be given to the participants.*