UNIVERSITY OF GHANA

COLLEGE OF BASIC AND APPLIED SCIENCES

Ethics Committee for Basic and Applied Sciences (ECBAS)

Official Use only Protocol number

PROTOCOL CONSENT FORM

Section A- BACKGROUND INFORMATION

Title of Study:	
Principal Investigator:	
Certified Protocol Number	

Section B– CONSENT TO PARTICIPATE IN RESEARCH

Please seek the consent of the research participants by informing them (research participants) about your research using the guide below. Develop your form as would be used on the field.

General Information about Research

- State clearly the purpose of the study in easily-understood words (avoid the use of jargons and technical language).
- Indicate the expected duration that will be required of participants in the study.
- Give a description of the procedures/methods to be followed and the identification of any procedures which are experimental and what the participant(s) is supposed to do.

Benefits of the study

Indicate specifically the benefits associated with the study. Include all physical, social and psychological benefits anticipated.

Risk of the study

Indicate specifically the risks associated with the study. Include all physical, social and psychological risks anticipated.

Confidentiality

- Describe the extent to which confidentiality of records identifying the participants will be maintained.
- Indicate all groups that may have direct access to the research records at any particular time. Thus they signing or thumb printing a written consent form, the participant or their representative is authorizing such access.

Compensation

- State clearly if there are any compensation packages either in cash or kind available for participants who participate in the study.
- The exact amount or gift to be given must be clearly spelt out.
- The conditions for receiving the package and when it will be made should also be indicated

Withdrawal from Study

- State that participation is voluntary and participants may withdraw at any time without any penalty.
- More specifically, state that the participant will not be adversely affected if he/she declines to participate or later stops participating.
- Provide assurance that the participant or the participant's legal representative will be informed in a timely manner if information becomes available that may be relevant to the participant's willingness to continue participation or withdraw.
- Any circumstances and/or reasons under which the participant's participation may be terminated should be stated clearly.

Contact for Additional Information

- This statement should indicate whom to contact for answers to any questions about the research and whom to contact in case of research-related injury.
- Names, addresses and telephone numbers (including mobile numbers) should be made accessible to all participants.
- If you have any issues on your rights as a participant you can contact the address below:

Administrator, Ethics Committee for Basic and Applied Sciences
College of Basic and Applied Sciences
University of Ghana
P. O. Box LG 68
Legon – Accra
IP No.: 3014
Email: ethicscbas@ug.edu.gh

Section C- VOLUNTEER AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and I am willing to give consent for me, my child/ward to participate in this study. I have not waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

_____

Name of Volunteer

_____ _____

Signature or mark of volunteer 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 volunteer. All questions were answered and the volunteer has agreed to take part in the research.

_____

Name of witness

_____ _____

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 of Person who obtained Consent

_____ _____

Signature of Person who obtained Consent Date