UNIVERSITY OF GHANA

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| Official Use onlyProtocol number |

 

 COLLEGE OF BASIC AND APPLIED SCIENCES

**Ethics Committee for Basic and Applied Sciences (ECBAS)**

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| PROTOCOL CONSENT FORM  |

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| Section A- BACKGROUND INFORMATION |

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| Title of Study:  |  |
| Principal Investigator: |  |
| Certified Protocol Number |  |

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| 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**

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| 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."**

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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.

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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.

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Name of Person who obtained Consent

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Signature of Person who obtained Consent Date