

	MARIANO MARCOS STATE UNIVERSITY University Research Ethics Review Board		Document Code	URERB-FRM-19	
	INFORMED CONSENT DOCUMENT		Revision No.	0	Page 1 of 2
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INFORMED CONSENT DOCUMENT

Title of Research:

Name of Researcher

Principal Investigator

1. Purpose and Background

2. Procedures

How will the study be conducted?
What is the nature and extent of involvement of research participants?

3. Risks and Inconveniences

Will there be risks?
Will there be discomforts?
Are there other effects the participants need to know in order to make a decision?

4. Direct Benefits

5. Compensation

Will there be reimbursement of travel expenses? Compensation for loss of income? Meal expenses?
Are there other financial considerations?

6. Provision for Injury or Related Illness

Will the participant be given free treatment in case of injury or illness incurred as a result of participating in the study?

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7. Voluntariness/Withdrawal of Participation

*Is the participant free of any coercion in participating?
Is there assurance that the participant can withdraw anytime without affecting treatment/care due him/her?
Is there provision for obtaining the informed consent from the legal representative in case of minors, the mentally handicapped or the incapacitated?*

8. Confidentiality

Is there a statement that describes the measures that will be taken to keep and ensure the confidentiality of the participant's record?

9. Contact Person

*Who is the person knowledgeable about the research and rights of the participant?
How can he/she be contacted?
Include here the study contact person and the URERB contact person.*

10. Consent

I have read and understood the above information and had been given the opportunity to consider and ask questions on the information regarding the involvement in this study. I have received a copy of this informed consent document.

Participant's Name

Signature

Date Signed

Witness or Legal Guardian's Signature (only when participant cannot read or sign)

Name of Witness/Guardian

Signature

Date Signed