Participant Consent Form

Institute/university (*Use only if applicable*)

Name of the study

Participant Consent Form

Investigators	**Telephone number**	**Address**

Please circle your answer

Have you read the information sheet? Yes/No

Did you have an opportunity to ask questions and discuss about the study? Yes/No

Have you received satisfactory answers to the questions you asked about the project? Yes/No

Who explained the study to you?

…….

Do you understand that you are free to leave the study without giving any reason? Yes/No

Did you agree to take part on your own wish? Yes/No

I understand that the information I give is confidential. Yes/No

I give my consent to take part in the study and this will include *(list the procedures)* Yes/No

Name ……..

Signature …….

Date ……..

Name of the witness ……..

Signature …….

Date …….

If you have any complaints about this research or its conduct, please contact:

If you have any complaints about this research or its conduct, please contact:

Secretary, Research Ethics Committee, Bandaranaike Memorial Ayurveda Research Institute, Nawinna

Phone number: +94(11)2850333 (please contact during working hrs 9.30 a.m. – 2.30 p.m.)

E-mail: ercbmari@gmail.com