UNIVERSITY OF SOUTHERN MINDANAO
Insert College
Insert Program

COLLEGE LOGO

LEGALLY AUTHORIZED REPRESENTATIVE (LAR)

ATTENTION! ONLY USE THIS IF: participants are unable to provide informed consent.
(DELETE RED MARKS BEFORE PRINTING)

READ! IMPORTANT: Legally Authorized Representatives (LAR) should only be used for participants who are unable to provide informed consent. Participants who are either incompetent or substantially unable to give informed consent will be supplemented by the consent of their legal guardians or legally authorized representatives. In conditions involving LAR, the potential participant should also be informed and oriented about the research. If in any event that the participant objects to be included during and after the process of obtaining consent, he/she should be heeded.

RESEARCH TITLE: *(title of research protocol)*

NAME AND CONTACT INFORMATION OF RESEARCHER
(Write all possible ways to be contacted)

INTRODUCTION

You are invited to participate in a research study conducted by *(name of researcher/s)*, from the ***(insert name of college/program) of the University of Southern Mindanao*** for the reason that you fit the inclusion criteria as a participant/respondent of our study.

If you wish to participate, it will be completely voluntary. Before fully deciding whether to participate or not, I/we would like you to read the information given below. If you have questions, concerns or do not understand something stipulated within this form, do not hesitate to ask me/us. Do take as much time as you need to read and understand the consent form.

If you decide to participate, you will be asked to sign this consent form. A copy of this form will be given to you. Rest assured that the survey questionnaire does not contain your name or any identifiable information with you being an informant.

PURPOSE OF THE STUDY
(Describe briefly)

DATA GATHERING PROCEDURES
(Explain briefly, focus on the ethical aspect)

POTENTIAL RISKS, ADVERSE EVENTS AND DISCOMFORTS
(List all and Explain briefly)

POTENTIAL BENEFITS TO PARTICIPANTS, RESPONDENTS AND/OR TO SOCIETY
(Describe briefly)

CONFIDENTIALITY
(Describe briefly)

PARTICIPATION AND WITHDRAWAL OF PARTICIPANTS/RESPONDENTS
(Explain briefly

RIGHTS OF RESEARCH PARTICIPANT

If you have questions, concerns, or complaints about your rights as a research participant, respondent or the research in general, please contact the University of Southern Mindanao Research Ethics Committee at 0951-645-1274 or via email at reco@usm.edu.ph.
*[**DO NOT** change the email above. It should still be reco@usm.edu.ph. Delete this note in the final copy.]*

RESEARCH PARTICIPANT'S CONSENT

The participant is unable to give informed consent. I, as the legally authorized representative of the participant, give consent for their participation in this study.

Name and signature of Legally Authorized Representative	**Date**

Relationship of the Legally Authorized Representative (LAR) to the participant:

- Spouse
- Parent
- Adult Child (18 years of age or over - for his/her parent)
- Adult Sibling (18 years of age or over)
- Grandparent
- Adult Grandchild
- Guardian appointed to make medical decisions for individuals who are incapacitated
- Relative – Specify: _____
- Appointed guardian by the law
- Others - Specify: _____

RESEARCHER/S OBTAINING CONSENT

I/we have explained the entirety of the research to the participant/informant/respondent and answered all of his/her questions. I believe that he/she understands the information described in this document and freely consent to participate in this research study.

Name and signature of Researcher

APPROVED BY:

Name and Signature of Mentor