**Faculty:** Choose your faculty.

**Department:**Click or tap here to enter Dept.

**Date:** Click or tap to enter a date.

**Research Title:**Click or tap here to enter research title.**.**

Dear participant,

I am Click or tap here to enter your name from Click or tap here to enter your instituation name. I will conduct a scientific research investigating tap to write Research Title**.** So, I hope you agree to participate in my research previously explained.

After being informed of the objectives and the nature of the above-mentioned study, which was presented to me in **writing and oral**, and after giving me the opportunity to inquire about the study, I agree to participate voluntarily in this study. Regarding the aforementioned, I consider the following:

Before giving consent, I have informed that:

* Concerned parties consent in the hospital of the study conduct
* Purposes and procedures of the study
* Any potential dangers, harassment, or benefits resulted from the study.
* Substitutional or potential procedures or remedy
* Any possible hazard
* Any guaranteed compensation or medical treatment for me, in case of harm or injury, resulted from the study.
* The duration of the study
* The confidentiality of keeping data
* Cases in which the researcher can prevent me from participating in the study.
* Any additional effort I can pay for the study.
* What happens if I decide to stop participating in the study
* When I should be informed of new conclusions that could affect my ability to participate in the research
* Your participation in this study is optional; thus, you will not be penalized or lost any benefits if you decide not to participate or stop participating at any time.

**Important notes:**

* Once you have signed this document, you voluntarily agree to participate in this study and that the information mentioned above has been fully explained to you.
* A copy of this form should be saved in the participant's medical file.
* For inquiries about your rights as a participant in this study, or what you should do if you are harmed, you could contact at any time to: enter name of the researcher on the following noenter a contact number. or e-mailenter your email address:

 **Supervisor's name**:enter name of the supervisor

Date:….../……/20.. Participant's name:-----------------------------------Signature:-------------------------------

Date:….../……/20.. Name of the first witness:----------------------------Signature:-------------------------------

Date:….../……/20.. Name of the second witness:------------------------Signature:-------------------------------

Date:….../……/20.. Name of the third witness:---------------------------Signature:-------------------------------

**For inquiries, please contact:**

**Researcher's name:** enter name of the researcher

**Researcher's mobile number and e-mail:** enter a contact number**,** enter your email address

**Supervisor's name in relation to graduate students:** enter name of the supervisor

**Sponsor agency:** tap here to enter sponsor agency