REGIONAL HEALTH RESEARCH AND DEVELOPMENT CONSORTIUM XI
c/o Department of Science and Technology XI
Cor. Friendship and Dumanlas Roads, Bajada, Davao City

APPENDIX A

TEMPLATE FOR PATIENT INFORMATION AND INFORMED CONSENT FORM

Project Title: _____

Sponsor: _____

Investigators: _____

_____

Propose and conduct of study:

- Why is the study being done?
- What has been done previously?
- How will the present study be conducted?
- What is the nature and extent of involvement of research participants?

Risks and inconveniences:

- Will there be discomforts? Are these described clearly?
- Will there be risks? Are these explained fully?
- Are there other effects the participants need to know in order to make a decision?

Possible benefits for the participants:

- What benefits can the participants expect?

Compensation:

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

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?

Contact person:

- Who is the person knowledgeable about the research and rights of the participant? How can he/she be contacted?

Voluntariness 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?

Confidentiality:

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

CONSENT FORM

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 spoken directly to my doctor who has answered to my satisfaction all my questions. I have received a copy of this Patient Information and Informed Consent Form. I voluntarily agree to participate.

Patient's Signature:

Name of the Patient	Signature of Patient	Date

Witness or Legal Guardian's Signature:
(Only when patient cannot read or sign this Informed Consent)

Name of Legal Witness/ Legal Guardian	Signature of Witness/ Legal Guardian	Date

Physician's Signature:

I, the undersigned, certify that to the best of my knowledge, the patient signing this consent form has read the above information sheet fully, that this has been carefully explained to him/her, and that he/she clearly understands the nature, risks, and benefits of his/her participation in this study.

Name of the Patient	Signature of Patient	Date