**Informed Consent Form**

**Informed Consent Form for [**Name the target group of participants]

**Title of the Research** [**Insert the title here**]

**Principal Investigator Details**

[Full Name]

[Official Address]

[Phone Number-Official/Personal]

**General Information to the Participants**

* You are kindly requested to participate in this research study.
* Before giving consent for this study, you should understand what it is about and what it will involve and you should know its relevance. Therefore, please go through the information below and sign only if you wish to participate.
* You have absolute freedom to ask the researcher for more explanation if any of the sections is not clear or need additional information.
* You have absolute freedom not to answer any/all questions or withdraw from the study at any time if you feel that your participation may cause harm or pose a risk to you.

**Purpose**

[Briefly describe the purpose of the study here.]

**Participant selection**

[Explain why this participant has been chosen for this study. For example, you can mention that you are inviting all adults with diabetes mellitus who attend X Hospital to participate in this study.]

**Procedures**

[Briefly describe the procedures that will be used in this study. If audiotaping or videotaping is involved, clearly state that and then describe the nature of use and the confidential storage of these files.]

**Duration**

[Mention the time commitments for the participant. Mention the need for follow-up if relevant.]

**RISKS**

[List any/all expected risks to participants while taking part in this study. Highlight any/all procedures which will be considered to reduce the expected risks.]

**Benefits**

[List all benefits which will be achieved by conducting this study. These includes; benefits to participants, others, or advancement of scientific knowledge.]

[Mention the following statement if the study offers no benefits to the participants, “You will receive no direct benefit for taking part in this research.”]

**Confidentiality**

Your personal information/ responses will remain confidential. All efforts will be made to retain the anonymity of data. The records will be used only for research purposes.

**Compensation**

[Indicate what each participant will receive while taking part in the study. If the participant will not receive any compensation, this section may be deleted from the template.]

**Contact information**

You are free to contact the principal investigator or any of the people involved in the research. You can also contact the RAKMHSU-HEC (+971 72269000, Ext No. 237) for more discussion related to your participation.

**Voluntary participation**

Your participation in this study is voluntary. Your signature is required only if you wish to participate in this study. However, you can withdraw from the study at any time without giving any reason.

**Consent**

I hereby confirm that I have read and completely understood all the above information and have had adequate opportunity to ask questions to the researcher. I understand that my participation is voluntary and I can withdraw from the study at any time without giving any reason and without cost. I understand that I can receive a copy of this form. I hereby voluntarily agree to participate in this study.

Participant’s Signature: ………………………………………. Date…………………..

Investigator’s Signature: ………………………………………. Date………………….