**Annexure 05**

Annexure 05

**Name of the study**

**Sample Participant’s 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 an interview lasting approximately \_\_\_\_ hours, and a blood sample of about 20ml (about four teaspoonfuls) will be taken. Yes/No

I understand that my waist circumference, weight, height and blood pressure will be measured. Yes/No

I understand that if I may be selected for an additional test to measure the heart rate that will involve wearing a light monitoring device for a period of 5 minutes. Yes/No

I understand that if I may be approached in later stage of the study to wear an actigraphy watch for one week which will record my activity levels and sleep. Yes/No

If you are detected as having any significant problems with depression, anxiety or any other health issue, we may refer you to a doctor, but we will only do this with your permission.

**Do you agree?** Yes/No

Name ……………………………………………………….

Signature ……………………………………………………….

Date ……………………………………………………….

Name of the witness ………………………………………………….

Signature ………………………………………………….

Date …………………………………………………..

**Additional genetic consent**

• I give my consent for my blood to be stored for this study.

• I understand that I will not receive any results about my own genotype.

**Participant’s statement:**

I agree that the genetic component of the research project named above has been explained to me

to my satisfaction and I agree to take part in the study. I have read both the notes written above and the Information Sheet about the project, and understand what the research study involves.

Name ……………………………………………………….

Signature ……………………………………………………….

Date ……………………………………………………….

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

Secretary, Ethics Review Committee, Gampaha Wickramarachchi University of Indigenous Medicine, Sri Lanka

Phone number: +94(033)2238206 (please contact during working hrs 8 am – 4 pm)

E-mail: erc@gwu.ac.lk