## MAKERERE UNIVERSITY SCHOOL OF HEALTH SCIENCES RESEARCH & ETHICS COMMITTEE



## **CONSENT FORM**

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

gandan parliament

- Thank you for taking part in this research project. The principal investigator (PI) must explain the project to you before you agree to take part.
- If you have any questions arising from the information sheet or explanation already given to you, please ask the PI before you decide whether to participate. You will be given a copy of this Consent Form to keep and refer to at any time.
- I understand that if I decide at any other time during the research that I no longer wish to participate in this project, I can notify the researchers involved and be withdrawn from it immediately.
- I consent to the processing of my personal information for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.

## Participant's Statement:

I \_\_\_\_\_\_ agree that 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.

Signed:

Date:

## Investigator's Statement:

I \_\_\_\_\_\_ confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed research to the volunteer

The interviewer has discussed this information with me and offered to answer my questions. For any further questions, I may contact Dr Kerry Holden, tel :(+256) 778-126850 or the Chairperson, School of Health Sciences Institutional Review Board (MakSHS-IRB) or Uganda National Council of Sciences and Technology. Tel: (+256) 0200903786 / (+256) 772-404970 or (+250)-41-250431