**Informed Consent Form**

**Research Project Title: Anti-Microbials in Society (AMIS): a Global Interdisciplinary Research Hub**

Before I sign this informed consent form, the researcher has explained to me the purpose, methodologies, including the benefits and impacts of the research thoroughly, and allowed me to ask further questions.

The researcher has asked me to take part in the interview with the audio record that runs approximately 1-2 hours to use the data to study the perspective of antimicrobials use and finds alternatives to the use of antimicrobials. Also, the research aims at building a Global Interdisciplinary Research Hub to develop, implement, and make researches related to Anti-Microbials in Society (AMIS) available to the research community.

The audio file will be destroyed after being transcribed. The researcher will present only the overall research results and academic usage. No individual will be identifiable.

I voluntarily agree to participate in this research study. I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.

I can contact the principal researcher, Dr. Komatra Chuengsatiansup, or co-researchers including Dr. Uravadee Chancheamseang M.D. and Mr. Sittichoke Chawraingern at Society and Health Institute (SHI), 3rd Floor, Building 88/37 (Warehouse) Public Health Soi 6, Ministry of Public Health, Tiwanon Roard, Taladkwan, Muang, Nonthaburi, 11000. Tel. 02-590-1498 Email: [loxlix@gmail.com](mailto:loxlix@gmail.com) (Dr. Komatra Chuengsatiansup) or uravadeec@gmail.com (Dr. Uravadee Chancheamseang) or [sitthichoke.chaw@gmail.com](mailto:sitthichoke.chaw@gmail.com) (Mr. Sittichoke Chawraingern)

I have read and voluntarily agree to participate in this research by sign this form.

(Signature).......................................................Name of Participant

(......................................................................)

Date..........Month...........................Year.............

(Signature).......................................................Name of Researcher

(......................................................................)

Date..........Month...........................Year.............