This template is adapted from other Institutes, which is developed by referring to the WHO ERC to assist the Principal Investigator in the design of their informed consent forms (ICF). It is important that Principal Investigators adapt/modify their own ICFs (should be drafted in simple, non-technical language) based on their required study.

Notes: The informed consent form consists of two parts with common questionnaire: (a) the information sheet, and (b) the consent certificate. Please do not delete any sections. If any portion is not relevant to your study, please mark it as NA.

Additional Consent to [Study Title]

Part I: Information Sheet

Explain that you are seeking permission to store their unused samples for possible future use in either your own research or someone else's research.

Inform the participant that at present, the researchers can trace which blood/tissue/sperm/sputum sample belongs to the participant. In most cases, the participant must decide whether they want to let the researchers keep the sample but get rid of all identifying information, or whether they are comfortable with the researchers knowing whose sample it is. Explain the risks and benefits of each of these options. Inform the participant of researcher obligations in cases where the sample remains linked. These obligations include informing the participant of results which have immediate clinical relevance.

Inform participants that their sample will not be sold for profit and that any research which uses their sample will have been approved.

Right to Refuse and Withdraw
Explain that the participant may refuse to allow samples to be kept or put restrictions on those samples with no loss of benefits and that the current research study will not be affected in any way. Inform the participant that they may withdraw permission at any time and provide them with the name, address, and number of the person and sponsoring institution to contact.

Confidentiality
Briefly explain how confidentiality will be maintained including any limitations.

Part II. Certificate of Consent

If any of the **(TYPE OF SAMPLE i.e. blood, tissue)** I have provided for this research project is unused or leftover when the project is completed
(Note: Tick one choice from each of the following boxes)

- ☐ I wish my **[TYPE OF SAMPLE]** sample to be destroyed immediately.
- ☐ I want my **[TYPE OF SAMPLE]** sample to be destroyed after ____ years.
- ☐ I give permission for my **[TYPE OF SAMPLE]** sample to be stored indefinitely

AND (if the sample is to be stored)

- ☐ I give permission for my **[TYPE OF SAMPLE]** sample to be stored and used in future research but only on the same subject as the current research project: [give name of current research]
- ☐ I give my permission for my **[TYPE OF SAMPLE]** sample to be stored and used in future research of any type which has been properly approved
- ☐ I give permission for my **[TYPE OF SAMPLE]** sample to be stored and used in future research except for research about **[NAME TYPE OF RESEARCH]**

AND

- ☐ I want my identity to be removed from my **[TYPE OF SAMPLE]** sample.
- ☐ I want my identity to be kept with my **[TYPE OF SAMPLE]** sample.

I have read the information, or it has been read to me. I have had the opportunity to ask questions about it and my questions have been answered to my satisfaction. I consent voluntarily to have my samples stored in the manner and for the purpose indicated above.

Print Name of Participant_____

Signature of Participant _____

Date _____
Day/month/year

If illiterate
A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb-print.

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness_____ **AND** **Thumb print of participant**

Signature of witness _____

Date _____
Day/month/year

[Note: This document should be signed by the PI / Researchers at the time of taking consent of participants]

Statement by the Researcher/Person taking Consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands the requirements of the study as outlined in the Information Sheet.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the parent or guardian of the participant ____

Print Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date _____
Day/month/year

Print Name of Principal Investigator_____

Signature of Principal Investigator_____

Date _____
Day/month/year