National Research Ethics Board (NREB) - Liberia

Short Consent Template

You are being asked to take part in a research study.

Before you agree to take part, someone will explain to you:

- You are being asked to take part in research
- That your participation in this research study is voluntary
- Whether or not you take part is up to you
- The purposes of the research
- How long you will be in the research
- What will happen to you
- Risks or discomforts to you
- Benefits to you or others
- Appropriate alternative procedures, or courses of treatment, if any
- What is experimental as opposed to routine, standard of care
- Other choices you might have
- Who will see your information
- You can choose not to take part
- You can agree to take part and later change your mind
- Your decision will not be held against you.
- You can ask all the questions you want before you decide, and throughout your participation

Who can I talk to?

- If you have questions, concerns, or complaints, or think the research has hurt you, you can talk to the research team at *[insert researcher name and contact number]*.
- This research has been reviewed and approved National Research Ethics Board of Liberia Review Board. You may talk to them at (2317776967606) or nreb.liberia.gov@gmail.com if:
    - Your questions, concerns, or complaints are not being answered by the research team
    - You cannot reach the research team
    - You want to talk to someone besides the research team
    - You have questions about your rights as a research subject
    - You want to get information or provide input about this research

When applicable, someone will explain to you:

- Whether you will get treated or paid if injured
- The possibility of unknown risks
- When you may be taken off the research without your agreement
- Added costs from taking part
- What will happen if you stop taking part
- Steps to safely stop taking part
- When new information will be told to you
- The number of people expected to take part
- That the Food and Drug Administration may inspect the records
- What happens to collected data if you stop taking part
- An explanation of www.ClinicalTrials.gov

SIGNATURE

[There are three signature pages attached to this template consent. Use the signature page or pages appropriate for your study. The IRB recommends that you make separate consent documents for each signature page to be used.]

Signature Block for Capable Adult:

Your signature below indicates your permission to take part in this research and to the use and disclosure of your protected health information:

Name of participant	
Signature of participant	Date
Signature of witness to consent process	Date
Printed name of witness to consent process	

Signature Block for Adult Unable to Consent:

Your signature below indicates your permission for the participant named below to take part in this research and to the use and disclosure of this person's protected health information:

Name of participant	
Signature of legally authorized representative	Date
Printed name of legally authorized representative	Relationship to participant
Signature of witness to consent process	Date
Printed name of witness to consent process	

Assent

- ❑ Obtained
- ❑ Not obtained because: ***(NOTE: REMOVE ALL OPTIONS NOT APPROVED BY THE IRB)***
  - ❑ IRB determined that assent of the participant was not a requirement
  - ❑ The capability of the participant is so limited that the participant cannot reasonably be consulted.

Signature Block for Child:

Your signature below indicates your permission for the child named below to take part in this research and to the use and disclosure of this child's protected health information:

Name of participant

Signature of first parent or guardian

Date

- ❑ Parent
- ❑ Guardian (See note below)

Printed name of first parent or guardian

Signature of second parent

Date

Printed name of second parent

If signature of second parent not obtained, indicate why: (select one)

- ❑ IRB determined that the permission of one parent is sufficient ***(NOTE: REMOVE IF THE IRB HAS NOT APPROVED THIS OPTION)***
- ❑ Second parent is deceased
- ❑ Second parent is unknown
- ❑ Second parent is incompetent
- ❑ Second parent is not reasonably available
- ❑ Only one parent has legal responsibility for the care and custody of the child

Assent

- ❑ Obtained
- ❑ Not obtained because: ***(NOTE: REMOVE ALL OPTIONS NOT APPROVED BY THE IRB)***
  - ❑ IRB determined that assent of the child was not a requirement
  - ❑ The capability of the child is so limited that the child cannot reasonably be consulted.

Signature of witness to consent process

Date

Printed name of witness to consent process

Note on permission by guardians: An individual may provide permission for a child only if that individual can provide a written document indicating that he or she is legally authorized to consent to the child's general medical care. Attach the documentation to the signed document.