**INFORMATION SHEET FOR THE RESEARCH PARTICIPANTS**

1. **Introduction**

My name is *(give your name)* and I am *(say what you do* *and clearly).* Small introduction about the co-investigators or supervisors. I am going to give you information and invite you to be a part of this research study titled (*Give your research topic and its relevance in the community and mention the study site/s*)

1. **Objective of the study**:

Explain the purpose of the research in clear simple terms

1. **Choice of participants:**

You are selected for this study because (explain)

1. **Voluntary participation**:

Your participation of this research is voluntary. You are free to withdraw from the study at any time despite consenting to take part earlier. There will be no loss of medical care or any other available treatment for your illness to which you are otherwise entitled.

1. **Duration, procedures of the research and participants responsibilities:**

Explain the procedures, duration of the study and how long they have to spend to give data / samples at the study site (*mention the duration of time*) and any medical terminology in simple language. Describe which part of the research is experimental.

1. **Potential benefits :**

Describe any benefits to the participants (*Participation in this study may benefit you in ………………………………….)*

1. **Risks, hazardous and discomfort :**

Explain any risks, hazardous and discomfort using simple, clear language

(eg: There is no perceived risk to the participants, but as blood will be drawn, there will be physical discomfort to the participants.)

1. **Reimbursement:**

Mention any reimbursements or forms of appreciation that will be provided.

1. **Confidentiality:**

Confidentiality of all records is guaranteed and no information will be released or published without your consent.

1. **Termination of study participation:**

You may withdraw your consent to participation in this study at any time, with no penalty or effect on your medical care or loss of benefits. It is your choice and all of your rights will still be respected. Notify investigator as soon as you decide to withdraw your consent.

1. **Clarification/ Assistance:**

*This study has been approved by the Ethics Review Committee of the Faculty of Health-Care Sciences, Eastern University, Sri Lanka. If you have any complaints/concerns regarding this study you may contact the following:*

*………………………………………………………..*

*(leave blank, we will provide you the ERC contact member details once the project is approved by the ERC)*

If you have any question about the research please feel free to ask any person listed below. You may contact following persons in case of an emergency or difficulty.

*List the names of investigators & phone number*

***Thanking you for the participation.***