Project title: Insert project title
Principal Invesitgator: Insert name of principal investigator
Informed Consent Version Date: Insert date of submission

Note: You can add or remove sections as suitable for your study. Please delete instructions in red once you complete the form.

Consent Form

INTRODUCTION*

We extend an invitation for you to participate in a research study entitled « .. ». You have been chosen as a potential participant in this study based on your alignment with the scope of our research. We encourage you to carefully review this document, pose any questions you may have, and deliberate before making your decision.

WHAT IS THE PURPOSE OF THIS STUDY?*

This study is being done to ..... [Please inform the participant if this project is part of a Master's or PhD].

WHAT ELSE SHOULD I KNOW ABOUT THIS RESEARCH STUDY?*

It's essential that you carefully review and comprehend the following points applicable to all participants in our studies:

- Participation is entirely voluntary, and declining to participate will not affect your rights or benefits.
- While there may or may not be direct benefits to you, your participation may contribute to valuable knowledge that could benefit others.
- You have the right to withdraw from the study at any time without facing any penalties or loss of benefits.

Further details regarding the study's nature, potential benefits, risks, discomforts, and other relevant information are provided below. If any new information arises during the research that might impact your participation, we will promptly inform you. Please feel free to ask any questions you may have about the study, and we will provide clarification before you decide to participate.

Project title: Insert project title
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WHO IS IN CHARGE OF THIS STUDY?*

The lead investigator of this study is..... The research is being sponsored by …….

WHO CANNOT PARTICIPATE IN THIS STUDY?*

You cannot be in this study if any of the following apply to you: …..

HOW MANY PEOPLE WILL TAKE PART IN THE STUDY?*

About insert number people will take part in this study.

WHAT HAPPENS IF I AGREE TO BE IN THE STUDY?*

If you consent to participate in this study, you will
[Provide a detailed description of the study procedures, outlining exactly what will occur if the individual agrees to participate].

HOW LONG WILL I BE IN THE STUDY?*

We anticipate that you will be in the study for…. of months/weeks, until a certain event or date.
[Where appropriate, state that the study will involve either short or long-term follow-up or require responding to a questionnaire].

The investigator reserves the right to remove you from this study if it is deemed to be in your best interest, if you fail to comply with instructions, or for other reasons that the investigator or sponsor deems significant.
You have the option to discontinue participation at any time. However, should you choose to withdraw from the study, we encourage you to communicate with the investigator.
If you withdraw from the study abruptly, any information gathered from your participation may not be usable.

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WHAT ARE THE RISKS AND SIDE EFFECTS OF THIS STUDY?*

If you choose to participate in this study, it's important to be aware that there may be associated risks. These potential risks and side effects related to the study include:

[Please provide a list of all anticipated physical and non-physical risks, such as emotional distress or the inability to work, as well as discomforts, such as sitting for extended periods or being in confined spaces, that participants may encounter during the study. Additionally, include any potential social, legal, or financial risks that may arise from participation in the research.].

ARE THERE ANY BENEFITS TO TAKING PART IN THE STUDY?*

[If there is no intended benefit to any participants, insert the following statement: **"This study is not designed to provide direct benefits to any participants."**].

You may or may not receive any direct benefits from participating in this study. We cannot promise that you will experience any benefits. We hope the information learned from this study will benefit others in the future.

WHAT ABOUT CONFIDENTIALITY?*

The collected data will be anonymous. You will not be identified by name in any publications resulting from this study.

WILL I BE PAID FOR PARTICIPATING IN THIS STUDY?*

You [choose one] will/will not be paid for being in this study. [If participant is compensated, state payment schedule/amount].

WHAT ARE THE COSTS?*

You do not have to pay anything to be in this study.

Project title: Insert project title
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WHAT ARE MY RIGHTS AS A PARTICIPANT?

You have the right to:

- Be informed about the nature and purpose of the study.
- Receive an explanation of exactly what will be done in the study and be provided with a description of potential risks, discomforts, or benefits that can reasonably be expected.
- Be informed of any appropriate alternatives to the study.
- Ask any questions you may have about the study.
- Decide whether or not to participate in the study without anyone misleading or deceiving you.
- Receive a copy of this consent form.

By signing this form, you will not waive any legal rights you may have as a research participant. You may choose not to participate in or withdraw from the study at any time.

WHO DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?*

For questions about the study or a research-related injury, please contact the lead investigator, insert name at insert contact number and insert email address. If you are having a medical emergency, you should go directly to the nearest emergency room.

[Please insert contact information for any research team member, as needed.]

For questions about your rights as a research participant, please contact the ESI-SBA Office at:

Email: …..@esi-sba.dz

Project title: Insert project title
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SIGNATURES*

As a representative of this study, I have thoroughly elucidated the purpose, procedures, potential benefits, and risks associated with this research study. I have addressed any questions raised to the individual's satisfaction.

_____ _____
Name and Signature of Person Obtaining Consent **Date of Signature**

I, the undersigned have been informed about this study's purpose, procedures, possible benefits and risks, and I have received a copy of this consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time. I voluntarily agree to be in this study. I am free to stop being in the study at any time without need to justify my decision. I agree to cooperate with insert name of investigator and the research staff.

_____ _____
Participants' Name and Signature **Date of Signature**

_____ _____
Name and Signature of Witness (if applicable) **Date of Signature**

_____ _____
Name and Signature of Legally Authorized Representative (When Appropriate) **Date of Signature**

_____
Relationship to Participant (When Appropriate)