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**Informed Consent for Participation in Research**

**Title of the Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Investigator (PI):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution of the PI: \_\_\_\_\_\_\_\_\_\_\_ (Faculty or Institute), University of Macau**

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|  | Name of Participant |  | Number for Participant |

You are invited to participate in this study sponsored by Professor [or other title] \_\_\_\_\_\_\_\_\_\_ at the University of Macau. This consent form will explain to you the purpose of the study and your role in the study if you choose to participate. This study will not pose any more harm to your health than you could expose in your daily life. After reviewing this information, you should have enough understanding of the study to decide whether or not you agree to participate in the study.

**Purpose of the Study:** This study aims to \_\_\_\_\_\_\_\_\_. Information obtained via the study will help to\_\_\_\_\_\_\_\_\_\_\_ (explain in 1-2 sentences).

**Procedures of the Study:** When you agree to participate in this study, (1) you will be invited to complete an inquiry about your date of birth, gender, personal medical history, family medical history, and other socio-demographic questions, (2) your \_\_\_\_\_\_ sample(s) collected at \_\_\_\_\_\_\_ hospital where you receive diagnosis and/or treatment will be stored anonymously, confidentially, and indefinitely for future research tests, and (3) If I wish to terminate participation in the study, my sample(s) will be destroyed in accordance with a legal procedure; however any products and/or biological information derived from my sample(s) may or may not be retained. In any case, my personal information will be removed from the derived products and biological information.

**I understand that the following procedures will be adhered to for this study:**

* No additional samples will be collected (if necessary, please explain).
* I will not receive any compensation or remuneration for participating in this study (if yes, please explain).
* My participation in this study is completely voluntary. I can refuse to participate or terminate participation in the study any time, and my treatment and other interests will not be affected.
* People who have access to research data in this study may include: (1) the research team and collaborators, (2) regulatory authorities, (2) ethics committee, (3) medical workers, and (4) health authorities.
* My personal health information will be stored anonymously and confidentially, and protected.
* If I have any questions and/or requirements related to this study, I can contact the PI any time (Tel: \_\_\_\_\_\_\_\_\_\_, Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

**Informed Consent/Authorization:** I have read and fully understand the terms of this study I agree to allow the PI to register me to participate in this study. I do not give up any of my legal rights by signing this consent. A copy of this consent form will be given to me.

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| I consent to participate in this study:  Signature of participant Date  I consent to procedure (1): to complete an inquiry about my date of birth, gender, personal medical history, family medical history, and other socio-demographic questions.  Signature of participant Date  I consent to procedure (2): my \_\_\_\_\_\_\_\_ sample(s) collected at \_\_\_\_\_\_\_\_ hospital where I receive diagnosis and/or treatment will be stored anonymously, confidentially, and indefinitely for future research tests.  Signature of participant Date    I consent to procedure (3): if I terminate participation in the study, any products and/or biological information derived from my sample(s) may be retained.  Signature of participant Date  (List more if necessary) |  |  |

**Legally Authorized Representative**

I have discussed this study with the participant and/or his (her) authorized representative using appropriate language that he/she can understand. The participant has been informed of the nature and possible benefits and risks of the study, and the participant also has understood my explanations.

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| Name of the Legally Authorized Representative | Signature of the Legally Authorized Representative | Date |

**Witness**

I am on site to witness the signing of this informed consent.

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| Name of Witness Signature of Witness |  | Date |