**PARTICIPANT INFORMED CONSENT FORM**

**Research Title: ..................................................**

**Researcher’s Name: .........................................**

I, ………………………………………, IC No: …………………......

* have read the information in the Participant Information Sheet **including information regarding the risk in this study .**
* have been given time to think about it and all of my questions have been answered to my satisfaction.
* understand that I may freely choose to withdraw from this study at anytime without reason and without repercussion
* understand that my anonymity will be ensured in the write-up.
* Allow my blood/urine/stool to be taken for biochemical parameter testing/ DNA/RNA/protein extraction
* allow archiving of the leftover samples from my blood/urine/stool and DNA/RNA/protein for future studies, and will be contacted for my consent when this occurs

I voluntarily agree to be part of this research study, to follow the study procedures, and to provide necessary information to the doctor, nurses, or other staff members, as requested.

………………………………….. …………………………………

(Participant Signature) (Date)

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| --- | --- |
| ……………………………….Witness (if any)……………………………….(Signature) ……………………………….(IC Number)…………………………..…(Date)  | ……………………………….Researcher……………………………….(Signature) ……………………………….(IC Number)……………………………….(Date)  |