HREC Template Informed Consent form for research study participants

Template in English:

**INFORMED CONSENT FORM FOR PARTICIPANTS IN RESEARCH STUDIES**

Please complete this form after you have read the Information Sheet and when you have received an explanation about the research project.

Project title:

Principal Investigator (Name and First Name):

Participant (Name and First Name):

Thank you for your interest in taking part in this research. Before you agree to take part, the person organising the research must explain the project to you.

If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide to join in. You will be given a copy of this Consent Form to keep and to refer to at any time.

**Participant’s Statement**

I,

- agree that the research project named above has been explained to me to my satisfaction and I agree to participate in this study on a voluntary basis.
- understand that if I decide at any time that I no longer wish to take part in this project I can notify the researchers involved and withdraw from the study without giving reasons and without any negative consequences.
- have read the Information Sheet for participants and I have received a copy of the Information Sheet and Consent Form.
- have been informed that all data will be collected and stored safely and reported in an anonymous form, in accordance with the CH Federal law on data protection (“Loi fédérale sur la protection des données” – RS 235.1).
- agree that the principal investigator has access to the original data under strict confidentiality.
- have been informed that any injury or damage occurring during or following my participation in the above-mentioned research project and for which the responsibility of the EPFL can be established, is covered by the general liability insurance of EPFL (insurance policy no. 501 402430.002 of La Mobilière Assurances), in accordance with the terms and conditions of the insurance. To complement the above-mentioned insurance, it is my responsibility to have adequate health insurance and accident insurance coverage.
- In case of doubt, just like in case of discomfort/undesirable effects related to my participation in this study, I will contact the researcher directly.
The extra copy of this consent form is for you to keep.

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