**HREC template for a consent form for research participants**

*(Please note that the final version of this form must contain the EPFL logo and the PI/lab header/footer).*

**INFORMED CONSENT FORM FOR RESEARCH PARTICIPANTS**

Please fill in this form after having read the information sheet for participants and having received explanations about the research project

**Name of the project:**

**Principal Investigator of the project (name and surname):**

Thank you for your interest in this research project. Before you agree to participate, the person in charge of the research project must explain the research project to you.

If you have any questions about the participant information sheet or the explanations, please ask the researchers before you decide to participate. A copy of this informed consent form must be given to you so that you can keep it and consult it at any time.

**Participant’s declaration:**

* I declare that I have been informed orally and in writing by the Principal Investigator about the objectives and the course of the project, as well as the presumed effects, advantages, possible disadvantages and possible risks.
* I am taking part in this study voluntarily and accept the contents of the information sheet I have been given about the above-mentioned project. I have had sufficient time to make my decision.
* I understand that my personal data or samples are protected and will only be used in an encrypted / anonymized manner. (Please indicate which is applicable)
* [Optional - if applicable]: I consent to the further use of my personal data (coded or uncoded) in national or international research projects, in the private and public sector.
* (If the data is completely anonymised): I consent to the anonymization of my personal data during the course of the project and can therefore no longer revoke my consent.
* (If the data is not completely anonymised): I can revoke my consent to participate in the study at any time and without having to justify myself, without any adverse effects and I have been duly informed of my rights to use my personal data.
* [Optional, if applicable]: I will be informed of (incidental) findings that directly affect my health. If I do not wish to receive this information, I tick the corresponding box at the end of this consent form.
* I am aware that insurance has been obtained to cover any damage I may suffer as a result of the project.
* I am aware that the obligations mentioned in the participant information sheet must be complied with throughout the project. The Principal Investigator may exclude me at any time in the interest of my health.
* [Optional]: In particular, I agree to be filmed or recorded during the project. I therefore grant the Principal Investigator the right to use any static or dynamic recording of myself, including any recording of my voice, reproduction of my image, for the purposes of this research project, for any subsequent research project, as long as I do not withdraw my consent.
* [Optional]: I agree that my personal data (excluding medical and intimate data) may be published on a publicly accessible register or other medium and I have been informed that third parties may re-use this personal data].

**A copy of this form is for you.**

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |

* [☐ Optional: I do not wish to be notified in the event of a fortuitous discovery about my health status.
* [☐ Optional: I would like to receive information about the results of the project at the following email address: ...............................................................................................]
* [☐ Optional: I do not wish my personal data (besides medical and intimate data) to be published on a publicly accessible register or medium and wish my data to be anonymised].
* [☐Optional: I agree that the Principal Investigator may keep my personal contact data in order to be contacted again and to investigate whether I am interested in participating in future research projects].