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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TITLE OF THE STUDY** | |  | | | | | | | |
| **DISCIPLINE** |  | | **TYPE OF REVIEW** | | | EXEMPT | EXPIDITED | | FULL |
| **PROPONENT** |  | | **INSTITUTION** |  | | | | |  |
| **REVIEWER** |  | | **NON-SCIENTIST** | | **NON-AFFILIATED** | | | **ALTERNATE MEMBER** | |

**INFORMED CONSENT FORM EVALUATION SHEET**

|  |  |  |
| --- | --- | --- |
| ***Please tick the box that corresponds to your response.*** | | |
| Is it necessary o seek the informed consent of the participants? | ☐ YES | ☐ NO |
| If **NO**, please explain. | | |
| If **YES**, are the participants provided with sufficient information regarding: | | |
|  | ☐ YES | ☐ NO |
| Background of the study? |  |  |
| Purpose of the study? |  |  |
| Procedures of the study? |  |  |
| Benefits to the participants? |  |  |
| Risk? |  |  |
| Cost of participation? |  |  |
| Payment or Remuneration |  |  |
| Extent of confidentiality? |  |  |
| Does the protocol include an adequate process for ensuring that consent is voluntary? |  |  |
| Who to contact for pertinent questions and/or for assistance in a research-related injury? |  |  |
| Is the informed consent written or presented in lay language that participants can understand? |  |  |
| Do you have any other concerns? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation:** | ☐ Exempt form Review | ☐ Major Revisions Required | ☐ Disapproved |
|  | ☐ Approved | ☐ Minor Revisions Required |  |

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| --- |
| Remarks/Reasons for unfavorable decision: |
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| Signature over Printed Name of Reviewer | Review Date |