

Medical Research Consent			
Participant's name			
Research protocol		Protocol number	
Investigator name			
Sponsors name			
Health information <p>The person undergoing the activity will give their medical history. They should be willing to undergo Test and carry out experiments.</p>			
Who will disclose, use and/or receive my health information?			
<p>After signing the form, the participant is assured of full disclosure from the team that will be handling their specimen or health information. There are laws that protect this group of people to ensure that privacy is ensured. The form also does give information as to how long this information can be used</p> <p>The risks involved are mentioned. The extent of the research, if payment is involved or not. The rights of the participants if any.</p> <p>Can I see my health information?</p> <p>You have a right to request to see your health information. However, to ensure the scientific integrity of the research, you will not be able to review the research information until after the research protocol has been completed.</p>			
Signature of participant		Date	
Participant's legally authorized representative			
Printed Name of participant's representative			
Relationship to the participant			