**INFORMED CONSENT ASSESSMENT FORM**



| Study Protocol Title\* |  | | | | |
| --- | --- | --- | --- | --- | --- |
| WMSU REO Code |  | | Type of Review | ☐Expedited ☐Full | |
| Researcher\* |  | | ERP | ☐Chair ☐Member | |
| Name of Adviser\* |  | | Institution\* |  | |
| Name of Reviewer |  | | Date Received |  | |
| **Guide questions for reviewing the informed consent process and form** | | | | | **Page & Line Number\*** |
| * Is it necessary to seek the informed consent of the participants? * If NO, please explain. | | ☐Unable to Assess ☐Yes ☐No | | |  |
| If YES, are the participants provided with sufficient information regarding: | |  | | |  |
| * Purpose of the study? | | ☐Yes ☐No | | |  |
| * Expected duration of participation? | | ☐Yes ☐No | | |  |
| Does the protocol include an adequate process for  ensuring that consent is voluntary? | | ☐Yes ☐No | | |  |
| * Procedures to be carried out? | | ☐Yes ☐No | | |  |
| * Discomforts and inconveniences? | | ☐Yes ☐No | | |  |
| * Risks (including possible social, physical, emotional, and psychological)? | | ☐Yes ☐No | | |  |
| * Random assignment to experimental and control group? | | ☐Not applicable ☐Yes ☐No | | |  |
| * Benefits to the participants? | | ☐Yes ☐No | | |  |
| Compensations/reimbursements of expenses | | ☐Yes ☐No | | |  |
| * Participants may withdraw from the study anytime without any penalty? | | ☐Yes ☐No | | |  |
| Duties and responsibilities of the participants are duly stated? | | ☐Yes ☐No | | |  |
| * Extent of confidentiality? | | ☐Yes ☐No | | |  |
| * Is the informed consent written or presented in simple * language that participants can understand? | | ☐Yes ☐No | | |  |
| Do you have any other concerns? | | | | |  |
| Who to contact for pertinent questions and/ for assistance in the research-related injury? | | | | |  |

Recommendation:  **☐** **Approved**

**☐** **Minor revisions required**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐** **Major revisions required**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐** **Disapproved**

Reasons for disapproval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Signature of Primary Reviewer Review Date**