MOHAMMED BIN RASHID UNIVERSITY OF MEDICINE AND HEALTH SCIENCES

INSTITUTIONAL REVIEW BOARD (MBRU-IRB)

INFORMED CONSENT FORM

Informed Consent Form

(To be customized to each Research Project)

Wording in black can be used as is and wording in blue is for guidance. Please delete the latter when submitting the informed consent form.

Informed Consent to Participate in a Research Study

This study has been approved by the MBRU-Institutional Review Board Committee [IRB Approval # 1234/2017]

Principal Investigator: _____

Address: Mohammad Bin Rashid University of Medicine and Health Sciences
Building No 14, Dubai Health Care City
Dubai - UAE

Phone: 800- MBRU (6278) ext. _____

Site where the study will be conducted:

The informed consent should be written in a language understandable by a layperson, preferably at the level of an 8th grader. It should not contain any scientific jargon, and if it does, this should be clearly explained. It should be written in the second person singular (addressed to the patient), and should include the following sections listed:

You are invited to participate in this research study conducted at the Mohammad Bin Rashid University of Medicine and Health Sciences (MBRU). Please, take your time to read the following information carefully, before you decide whether you wish to take part in this

research study or not. You are encouraged to ask the study investigator if you need any additional information or clarification about what is stated in this form and/or in the research study as a whole. You are also free to take this information sheet and consult with your doctor or other health professionals. Please note that, should you decide to participate, you are free to withdraw at any time without any consequence.

I. Purpose of the Research Study and Overview of Participation

II. Any Risks as a Result of Participating in the Study

III. Any Benefits as a Result of Participating in the Study

IV. Any Alternative Treatment

If you agree to take part in this research study, please, be ensured that the obtained information will be kept confidential. Unless required by law, only the study investigator or designee, the MBRU-Institutional Review Board Committee (MBRU-IRB), and/or inspectors from governmental agencies will have direct access to your information.

In case of any adverse event, as a result of the study, there will be no compensation to cover such expenses if it is not covered by a third party or governmental insurance. (This phrase may be modified according to each study)

Investigator's Statement:

I have reviewed, in detail, the informed consent document for this research study with _____ _____ (name of patient, legal representative, or parent/guardian) the purpose of the study and its risks and benefits. I have answered to all the participant's questions clearly. I will inform the participant in case of any changes to the research study.

_____ _____ _____

Name of Investigator or Designee Signature Date & Time

Patient's Participation:

Please add the name of the PI and the contact number in the highlighted section below.
I have read and understood all aspects of the research study and all my questions have been answered. I voluntarily agree to be a part of this research study and I know that I can contact _____ at _____or any of his/her team involved in the study in case I have any questions. If I feel that my questions have not been answered, I can contact the MBRU-IRB. I understand that I am free to withdraw this consent and

discontinue participation in this project at any time, even after signing this form, and it will not affect my care or benefits. I know that I will receive a copy of this signed informed consent.

_____	_____	_____
Name of Patient/Legal Representative or Parent/Guardian	**Signature**	**Date & Time**

_____	_____
Name of the Witness (if patient, representative or parent do not read)	**Witness's Signature**
	_____
	Date & Time

THIS IS AN INFORMED CONSENT TEMPLATE THAT COULD BE USED BY THE APPLICANT.

MBRU

جامعة محمد بن راشد للطب و العلوم الصحية

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