

# BAHRIA UNIVERSITY OF HEALTH SCIENCES

## INSTITUTIONAL REVIEW BOARD

### Research Proposal FOR ETHICAL REVIEW

#### BUHS-CONSENT FORM—Form # 3

#### PLEASE NOTE

- Information that should be provided to the potential participant.
- The applicant is advised to fill out this.
- The data thus received can be converted into a covering “informed consent” at the beginning of the survey form. The informed consent form should also be separately submitted and translated in Urdu and English.

#### **BUHS-IRB Research Consent Form**

Researcher name with tile: (The Principal Investigator)

If submitted by an undergraduate student, then the supervisor’s name/s

**Research Title:**

#### **1. DESCRIPTION OF PURPOSE OF RESEARCH:**

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#### **2. PROCEDURES TO BE PERFORMED DURING THE RESEARCH :**

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#### **3. BENEFITS TO THE PARTICIPANT DURING RESEARCH, IF ANY ( COMPENSATION FOR SIDE EFFECTS / FREE TREATMENT / PRIORITY TREATMENT / PAYMENTS FOR PARTICIPATION IN RESEARCH) :**

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**4. RISKS, IF ANY, TO THE PARTICIPANTS DURING THE RESEARCH :**

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**5. TIME INVOLVEMENT OF PARTICIPANTS IN THE RESEARCH:**

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**6. ADDED COST TO PARTICIPANTS DURING THE RESEARCH :**

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**7. RIGHTS OF PARTICIPANTS DURING THE RESEARCH :**

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**8. WHAT HAPPENS IF THE PARTICIPANT STOPS PARTICIPATING:**

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**9. CONFIDENTIALITY OF DATA:**

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**10. I have read the given information, and I am ready to participate in this study:**

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**Signature of Researcher/ person taking  
consent:**

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**Signature or thumb impression of the  
participant**

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**Name of Researcher/ person taking  
consent:**

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**Name of participant:**

**Full address of participant: (optional)**

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