

Vanuatu Health Research Informed Consent Form

Ministry of Health

Name of participant

Home address of participant

Telephone Number of participant

Title of Research Study

Duration of Research Study

Benefits of the Research Study

- ☐ I have read the forgoing information, or it has been read to me, and I have had the opportunity to ask questions about it and any questions I have asked have been answered clearly and to my satisfaction.
- ☐ I consent voluntarily to participate as a subject in this study and understand that I have the right to withdraw from the study at any time without it in any way affecting my further health care services.
- ☐ I also understand that I will receive a signed copy of the Vanuatu Health Research Informed Consent Form and all information relevant to the research I am participating in.

Date

Participant Signature

If illiterate, allow for a thumb print

Signature of parent or guardian (if under-age or very ill)