**PARTICIPANT INFORMATION SHEET/CONSENT FORM**

RESEARCH – PARTICIPANT INFORMATION CONSENT

 NORTHERN HEALTH

|  |  |
| --- | --- |
| **Title** | *[Project Title]* |
| **Short Title** | *[Short Project Title]* |
| **HREC No.** |  |
| **Protocol Number** | *[Protocol Number]* |
| **Project Sponsor** | *[Project Sponsor in Australia]* |
| **Coordinating Principal Investigator/ Principal Investigator** | *[Coordinating Principal Investigator/**Principal Investigator]* |
| **Associate Investigator(s)***(if required by institution)* | *[Associate Investigator(s)]* |
| **Location** *(where CPI/PI will recruit)* | *[Location]* |

**Participant Involvement In Research Project:** *(to be completed when enrolling participants)*

**Start Date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Finish Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Part 1 What does my participation involve?**

*[Insert Content Here]*

**Further information and who to contact**

The person you may need to contact will depend on the nature of your query.

If you want any further information concerning this project or if you have any medical problems which may be related to your involvement in the project (for example, any side effects), you can contact the principal study doctor on *[phone number]* or any of the following people:

*List the names and contact phone numbers of other appropriate persons involved in the project including research nurses and study coordinators. The name and contact phone number of a person who can act as a 24-hour medical contact* ***must*** *be provided and clearly denoted*.

**Clinical contact person**

|  |  |
| --- | --- |
| Name | *[Name]* |
| Position | *[Position]* |
| Telephone | *[Phone number]* |
| Email | *[Email address]* |

For matters relating to research at the site at which you are participating, the details of the local site complaints person are:

**Complaints contact person**

|  |  |
| --- | --- |
| Name | Jingfei Wu |
| Position | Research Governance Officer |
| Telephone | 8405 2918 |
| Email | ethics@nh.org.au  |

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

*This person should be someone independent of the research, such as the Executive Officer of the reviewing HREC that approved the project (if a multi-centre clinical trial). Contact your local HREC administrator (single site trial) for the requirements at your institution.*

**Reviewing HREC approving this research** **and HREC Executive Officer details**

|  |  |
| --- | --- |
| Reviewing HREC name | *[Name of HREC]* |
| HREC Executive Officer | *[Name]* |
| Telephone | *[ HREC Executive Officer Phone number]* |
| Email | *[ HREC Executive Officer Email address]* |

**Local HREC Office contact (Single Site - Research Governance Officer)**

|  |  |
| --- | --- |
| Name | Jingfei Wu |
| Position | Research Governance Officer |
| Telephone | 8405 2918 |
| Email | ethics@nh.org.au  |