INFORMATION SHEET FOR (*PROVIDE CATEGORY OF PARTICIPANTS)*

**Study Title**: (PROVIDE TITLE OF THE RESEARCH STUDY)

**PrincipalInvestigator**: (PROVIDE NAME OF THE PI)

**Institution:** (PROVIDE INSTITUTIONAL AFFILIATION OF PI)

GREETINGS (USE EITHERDear Sir/MadamOR Hello Sir/Madam)

**Introduction**

My name is (PI’s name in full), a ( if a student, course for which research is been conducted and location of the institution/ if a researcher, state where you work, and your department).This research will explore/ determine/ explain / assess ( state rationale of the research)

**Invitation to participate**

I cordially invite you to take part in this research because you have a good understanding of………. I ask that you read this form and ask any questions that you may have before deciding whether to be in the study. The findings of this study will be used for (state use of the results. And whether the results will be published or not)

**Description of the Study**

If you agree to take part in the study, I will ask you to answer some questions, which will take about (state duration of interview) of your time. (state study’s procedures such as recording, signatures and the fact that a copy of the information sheet and a consent form will be given to participants if they agree to participate in the study. *Where applicable such as qualitative studies where interviews are recorded:*A separate consent form for the recording of the discussion will also be given to you.

**Risks and Benefits of Being in the Study**

(State the risks or otherwise of participating. If there are risks how will PI minimize the effects of these risks on the participants)The benefits of participation is that your responses will contribute to research in this field to ultimately inform policy to …………………….

**Confidentiality**

Detailed explanation of issues of confidentiality: *The records of this study will be kept strictly confidential.* *Unique identifiers will be used to save the audio files and will be kept in a password protected computer. You will not be identified in any published work or report, however views of all participants will be summarized. Any information obtained during the course of this study will be stored and analysed for the purposes of this study for a period not exceeding two years if the research report is published and six years if no publications emanate. The information that is shared in this interview will be kept confidential by myself, and by all investigators involved in the study.*

**Payments**

State if there will be reimbursements/payments for participation or not.

**Right to Refuse or Withdraw**

Your participation in this interview is voluntary. You may refuse to take part in the study *at any time*without affecting your relationship with the investigators of this study nor how you seek medical services.

**Right to Ask Questions and Report Concerns**

You have the right to ask questions about this research and to have those questions answered by me before, during or after the research. If you have any questions afterwards about this research, feel free to contact me on the details listed below; (state name and contact details of PI).You can also contact my supervisor (s) on (state name and contact details of supervisor (s). If you have any queries, concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the Administrator of Dodowa Health Research Centre Institutional Review Board (DHRCIRB), Ms.Adjoa Brenyaby email: [irbdodowa@gmail.com](mailto:irbdodowa@gmail.com).*(include other ethics boards that have reviewed this protocol).*