INTERVIEW CONSENT FORM FOR (STATE CATEGORY OF PARTICIPANTS)

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

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

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

**Informed Consent**

* I have been adequately informed of (or I have read and understood) the purpose, procedures, potential risks and benefits of this study.
* I have the opportunity to ask questions about it. Any questions that I have asked have been answered to my satisfaction.
* I know that I can refuse to participate in the study without any loss of benefit to which I would have otherwise been entitled.
* I understand that if I agree to participate, I can withdraw my consent at any time without any problem.
* I understand that any information collected will be treated confidentially.
* I freely agree to participate in the study, after signing below I will receive a copy of this consent form.

**For Participant**

Name of Participant ………………………………………………………………………

Signature/ Thumprintof Participant………………………………. Date: …. /… /….

**For Study Staff**

I have adequately informed the participant of the purpose, procedures, potential risks and benefits of this study.

I have answered all questions to the best of my ability.

Name of study personnel………………………………………………………………….

Signature………………………………………….. Date: ……/……. /…………