



Informed Consent Form

Project Title:

Investigator:

Department:

Faculty Advisor (if applicable):

Date:

Introduction

The American University of Iraq, Sulaimani (AUIS) supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish for yourself and your child to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you do agree that you and your child will participate in this study, you are free to withdraw from this study at any time. If you do withdraw yourself and your child from this study, it will not affect your relationship with AUIS.

Purpose of the Study

Procedures

Risks

Benefits

Payments

If the participants will be compensated for their participation (e.g., financial compensation, class credit) specify that here.

Participant Confidentiality

Explain how participant confidentiality will be maintained, including practices for storing consent forms apart from any participant data.

Data Storage and Security

Explain how and where data will be securely stored, who will have access to the data, and how any electronic files will be protected.

Refusal to Sign Consent and Authorization

You are not required to sign this Consent and Authorization form and you may refuse to do so without affecting your relationship with AUIS. However, if you refuse to sign, you cannot participate in this study.

Cancelling this Consent and Authorization

You may withdraw your consent to participate in this study at any time. You also have the right to cancel your permission to use information collected about you in writing, at any time, by sending your written request to: *Project Investigator or Faculty Supervisor*. If you cancel permission to use your information, the researchers will stop collecting additional information about you. However, the research team may use and disclose information that was gathered before they received your cancellation, as described above.

Questions about Participation

Questions about procedures should be directed to the researcher listed at the end of this consent form.

PARTICIPANT CERTIFICATION:

I have read this Consent and Authorization form.

I agree to take part in this study as a research participant. By my signature I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form.

Please Print Name

Date

Signature

Researcher Contact Information:

Provide complete researcher (and faculty supervisor) contact information below