VOLUNTEER CONSENT FORM

Title of Research Project: ……..

Explanation of research project and procedures

We invite you to take part in a research study, which aims to ..... These data will be used for fundamental research, genetic and health studies. You can participate in this study if you are a male or female older than 18-years-old. You will be asked to complete a questionnaire that will provide with information about your health and ancestry. Also, a small blood sample (about 1 tablespoon) will be collected from one of the veins in your arm using a sterilised syringe.

Risks/discomforts

The blood sampling procedures pose a risk of slight pain and/or bruising. You may also feel lightheaded and there is a slight risk of fainting. The blood collection will be performed in a hospital or clinical laboratory setting by a physician. Moreover, at least one more investigator or technician will be present at all times. All investigators will have previous experience in studies involving blood sampling and they will be very familiar with unintended effects in the frame of blood sampling. If a medical emergency occurs, the investigators will initially give you first aid and then contact the nearest physician. All blood samples will be taken individually. Thus you will be individually monitored so that intervention can be done rapidly.

Benefits

Participating in the study might not benefit you directly, but we might learn things that will benefit others. At the completion of the study, you will be offered a summary consisting of your own results, group values, and overall summary interpretation. You should discuss any questions you have about this study with the people who explain it to you.

Confidentiality

The data collected from this investigation will be kept in prof. .....'s office at the Institute of Molecular Biology in Yerevan and will not be accessed by anyone other than the listed investigators.

The individual data will remain confidential, while the results of statistical analyses derived from the entire group of participants may be used for publication. You have the right to remove your data or to have it destroyed. However, if your data is used for publication (together with the remaining group of participants), they cannot be removed from publication once published. You have the right to see your own data at any time during and/or after the research.

Voluntariness

Taking part in this study is voluntary and you may withdraw from the study at any time.

Whom to contact

Prof. ..... , (tel. .....; e-mail.....) is the principal investigator of this project and could be reached in case of any concerns and/or questions. He will inform you if there is any new developments that might influence your decision to participate in this study.

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Title of Research Project: ……..

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in this study. However I realize that my participation is voluntary and that I am free to withdraw from the study at any time.

_____

Name of participant (please print)

_____ _____

Signature of Participant Date

_____ _____

Witness to Consent Procedures* Date

_____ _____

Signature of Principal Investigator Date

Further information about this study can be obtained at any time from the principal investigator Prof. ..... (tel. .....; e-mail. .....).

* Optional unless subject is illiterate or unable to sign.

Note: In the event that you have any difficulties with, or wish to voice concern about any aspect of your participation in this study, you may contact the Bioethics Committee Coordinator at the Institute of Molecular Biology for assistance: 010 281626.