**UKZN ANIMAL RESEARCH ETHICS COMMITTEE (AREC)**

**APPLICATION FOR ETHICS APPROVAL**

**For research with Animals**

# INFORMED CONSENT RESOURCE TEMPLATE

Note to researchers: Notwithstanding the need for scientific and legal accuracy, every effort should be made to produce a consent document that is as linguistically clear and simple as possible, without omitting important details as outlined below. Certified translated versions will be required once the original version is approved.

There are specific circumstances where witnessed verbal consent might be acceptable, and circumstances where individual informed consent may be waived by AREC.

## Information Sheet and Consent to Participate in Research

Date:

Greeting: (Choose a greeting appropriate for the setting – not “Dear Participant”, as this assumes enrollment).

My name is (provide details) from (Provide information about the researcher (name, department/institution and various contact numbers and email addresses)

You are being invited to consider participating in a study that involves research (describe). The aim and purpose of this research is to (describe in lay terms). It will involve the following procedures (describe). The duration of your participation if you choose to enroll and remain in the study is expected to be (provide). The study is funded by (provide details if relevant).

The study may involve the following risks and/or discomforts (describe). We hope that the study will create the following benefits (describe if relevant. Describe the scientific/other benefits hoped for from the study). The researcher must disclose in full any appropriate alternative procedures and treatment etc. that may serve as possible alternate options to study participation.

If the research could potentially involve risk, explain in full if compensation exists for this risk, and where additional information can be obtained.

This study has been ethically reviewed and approved by the UKZN Animal Research Ethics Committee (approval number\_\_\_\_\_ please insert before you give it to the participant).

In the event of any problems or concerns/questions you may contact the researcher at (provide contact details) or the UKZN Animal Research Ethics Committee, contact details as follows:

**ANIMAL RESEARCH ETHICS COMMITTEE**

# Research Office, Westville Campus

Tel: 27 31 2608350- Fax: 27 31 2603093

Email: animalethics@ukzn.ac.za

State clearly that participation in this research is voluntary (and that participants may withdraw participation at any point), and that in the event of refusal/withdrawal of participation the participants will not incur penalty. Describe the potential consequences to the participant for withdrawal from the study and the procedure/s required from the participants for orderly withdrawal. Under what circumstances will the researcher terminate the participant from the study?

State clearly if any costs might be incurred by participants as a result of participation in the study. If there are incentives or reimbursements for participation in the study, state how much and why they will be given.

Describe in detail the steps that will be taken to protect confidentiality, and the limits of confidentiality if applicable. Describe the fate of the data and stored samples.

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**CONSENT (Edit as required)**

I (Name) have been informed about the study entitled (provide details) by (provide name of researcher/fieldworker).

I understand the purpose and procedures of the study (add these again if appropriate).

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time.

I have been informed about any available compensation or medical treatment if injury occurs to any of the animals as a result of study-related procedures.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at (provide details).

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

**ANIMAL RESEARCH ETHICS COMMITTEE**

# Research Office, Westville Campus

Tel: 27 31 2608350- Fax: 27 31 2603093

Email: animalethics@ukzn.ac.za

Additional consent, where applicable

I hereby provide consent to:

Audio-record my interview / focus group discussion YES / NO

Video-record my interview / focus group discussion YES / NO

Use of my photographs for research purposes YES / NO

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Participant Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Witness Date**

**(Where applicable)**

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**Signature of Translator Date**

**(Where applicable)**