



L-Università ta' Malta
Faculty of Medicine & Surgery

CONSENT FORM (ENGLISH)

Faculty Research Ethics Committee (FREC)
Faculty of Medicine and Surgery

December 2020

CONSENT FORM

I have been asked to consent to participate in a research study entitled:

This study concerns _____

The purpose and details of the study have been explained to me by _____ and any difficulties which I raised have been adequately clarified.

I give my consent to the Principal Investigator _____ and his delegates to make the appropriate observations /take the necessary samples / carry out tests / take photographs _____. I am aware of the inconveniences which this will cause and these have been explained to me.

I give my consent to be interviewed and also consent to the audiotape recording of the session.

I understand that the results of this study may be used for medical or scientific purposes and that the results may be reported or published in medical/scientific conferences or in scientific journals. However, I shall not be personally identified in any way, either individually or collectively. Data will be treated with confidentiality.

Data will be processed in accordance with the General Data Protection Regulations (GDPR) of the *Data Protection Act*, Chapter 586 of the Laws of Malta. You have the right to request, in writing, a copy of the personal information held about you by the Principal Investigator. You have the right to request correction or erasure of such data, in line with the *Data Protection Act*.

I understand that data will be stored safely at _____ for _____ years.

I understand I am under no obligation to participate in this study and am doing so voluntarily. I may withdraw from the study at any time, without giving any reason. This will not influence in any way the care and attention and treatment normally given to me.

I understand that any complications and/or adverse effects which may arise during or as a consequence of the study will be recorded and any treatment which this may entail will be given within the Government Health Services / _____.

I understand that I will not receive any remuneration for participating in this study, even if the research leads to commercial development of a scientific product or a patent.

In case of queries during the study I may contact the Principal Investigator.

Signature of participant:

Name of participant (*in block letters*):

Signature of Principal Investigator:

Name of Principal Investigator (*in block letters*):

Contact e-mail:

Contact mobile no:

Date:

**delete where applicable*