**INDIAN INSTITUE OF TECHNOLOGY ROPAR**

**Office of the Dean of Research and Development**

**Institutional Ethics Committee (Humans)**

**Informed Consent Document (ICD) for Storage and Future Use of Unused Samples**

**Form No. IEC-105**

**Notes**

* Use this ICD **template** for storage and future use of samples. Use simple language at the level of 6-8th grades. Where required, the ICD in English can be translated into Hindi or other languages (spoken in that region)
* The template was created by WHO ERC to help PIs in creating their informed consent forms (ICD). The PIs can modify the ICDs to fit the specifications of their specific research
* This ICD is divided into two sections: the information sheet and the consent certificate
* It includes examples of questions that may be asked at the end of each section to ensure the understanding of the information being provided. However, **these are just examples, and PI may modify questions depending upon their study**
* Please do not delete any section, and mark “NA” in sections, which are not applicable to your research

**Additional Consent to Name of the Project**

This statement of consent has two sections: information sheet (to share information about unused samples with you) and certificate of consent (to record your agreement). A copy of the complete statement of consent (with translation, where applicable) will be provided to you.

**Part I. Information Sheet**

**Explain that you wish to retain their unused samples for future research. Inform that the researcher can identify, which sample of blood, tissue, sperm, or sputum belongs to him/her. The participants must select whether they are willing to allow the researcher to use samples with identifying information or without identifying information. Describe drawbacks and advantages of each choice. Share the clinical importance of this research.**

**Inform that samples will not be sold for money and research being done on the sample has been approved.**

**Right to decline and withdraw**

**Inform the participant that there will be no loss or gain, if they refuse to allow samples to be stored or place restrictions on the use of samples, and that the current research will not be impacted in any way. Inform that the participant can revoke consent at any moment, and provide the name, address, and phone number of the person and supporting organisation to contact.**

**Confidentiality**

**Explain how the confidentiality of sample/data will be maintained and limitations, if any.**

**Part II. Certificate of Consent**

If any of the mention the type of sample that I have provided for this research project is unused or leftover when the project is complete, I wish to do following (tick one choice):

* I want my mention the sample to be instantly destroyed.
* After \_\_ years, I want my mention the sample to be destroyed.
* I agree that my mention the sample may be preserved indefinitely.

And if the sample is to be stored, I wish to do following:

* I grant permission for my mention the sample to be kept and used for future research, but only if that future research is focused on the same topic as the current project, name of the project.
* I also grant permission for my mention the sample to be kept and used for future research of any kind that has been approved.
* I consent to the storage and use of my mention the sample for future research except for research about name the type of research.
* I want my identity to be deleted from my mention the sample.
* I want my identity to be maintained with my mention the sample.

I have either read the information myself or had it read to me. I got the chance to inquire about it, and my inquiries have received satisfactory responses. I freely provide permission for my samples to be stored in the way and for the purposes, stated above.

**Name of the Participant (print):**

**Signature of the Participant:**

**Date (day/month/year):**

**If illiterate**

I have witnessed that the consent form being correctly read to the participant, and the person had the chance to ask questions. I attest that the person voluntarily gave their consent.

**Name of the witness (print):** And **Thumb print of the participant**

**Signature of the witness:**

**Date (day/month/year):**

**Statement by the researcher or consent-seeker**

I did the best that I could to make the participant understood the information sheet and that I had appropriately presented the information sheet to him/her. I certify that the participant was given the chance to inquire about the study, and that I have accurately and fully responded to all inquiries. I attest that the person's consent was freely provided and voluntarily given, and that it was not forced upon them. The participant's parent or guardian has received a copy of this informed consent form.

**Name of the Researcher****/Person taking the consent (print):**

**Signature of the Researcher/Person taking the consent:**

**Date (day/month/year):**

**Name of the PI (print):**

**Signature of the PI:**

**Date (day/month/year):**