#### INFORMED CONSENT FOR QUESTIONNAIRE-BASED STUDY

#### Form # KSU-REC 006QS-E

### King Saud University, Riyadh, Kingdom of Saudi Arabia

For REC use only:

Expedited [ ]

Proposal No. \_\_\_\_\_

|  |  |
| --- | --- |
|  | |
| Research Project Title: |  |
| Name of Principal Investigator: |  |
| Name and address of Institution: |  |
| Contact no: |  |
| Dear Participants, |  |
|  | |
| I would like to ask this opportunity if you are willing to take part on this questionnaire-based survey. The aim of the study is to: \_\_\_\_\_\_\_\_\_\_\_\_. Please answer the questions to the best of your knowledge. All information asked in this study questionnaire will be treated confidential. If you are willing to participate voluntarily in this study, please sign this form and you will receive a copy for your own records. Please tick (**√**) the boxes as shown below according to your will. | |
| [ ] I agree to participate in this study survey, and to utilize the information for scientific research purposes.  [ ] I agree to allow the researchers to audiotape my voice in an interview for research purpose, (if applicable).  [ ] I agree to allow the researchers to access my existing medical records, both electronic and paper, for their study, and to collect the data prospectively, generating from routine practice and procedure.  **Signed by: [TO COMPLETE THIS PORTION DURING THE CONSENT PROCESS ONLY]** | |
| |  |  | | --- | --- | | Participant’s Name or Initials: |  | | Signature: |  | | Date of signature (*DD/MMM/YYYY*): |  | | |
|  | |
| **Person obtaining consent: [TO COMPLETE THIS PORTION DURING THE CONSENT PROCESS ONLY]** | |
| |  |  | | --- | --- | | Complete Name: |  | | Signature: |  | | Principal Investigator or Co-Investigator: |  | | Date of signature: (*DD/MMM/YYYY*): |  | | |
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