Adult patient consent for Vendor cRCT Version 0.5 25 SEP 2018

Investigator





DEPARTMENT OF COMMUNITY MEDICINE FACULTY OF MEDICINE AND ALLIED SCIENCES RAJARATA UNIVERSITY OF SRI LANKA

PARTICIPANT'S CONSENT FORM – ADULT PATIENTS (≥18 YEARS)

STUDY ON WHETHER PESTICIDE VENDOR TRAINING CAN REDUCE PESTICIDE SELF-POISONING IN RURAL SRI LANKA

Address

Telephone number

Manjula Weerasingh	ne 077 3230888	Faculty of Me	Department of Community Medicine, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka	
	Please affirm	with your initials		
I have read the Patient information sheet version 0.5 (25 SEP 2018)				
I have had the opportunity to ask questions and discuss the study.				
I have received satisfactory answers to the questions I asked about the project				
Who explained the st	udy to you?			
I understand that I am free to leave the study without giving any reason.				
I agree to take part on my own wishes				
I understand that the information I give is confidential.				
the study may be look Edinburgh) where it is	evant sections of my medica ked at by individuals from t s relevant to my taking part to have access to my record	the Sponsors (the Ur t in this research. I g	niversity of	
I give my consent to t	ake part in the study and the	his will include:		
Interviews	Yes / No			
Name		Person taking co	onsent	
Signature		Signature		
Date		Date		

Adult patient consent for Vendor cRCT Version 0.5 25 SEP 2018





Original (x1) to be retained in site file. Copy (x1) to be included in patient notes. Copy (x1) to be retained by the participant.

If you have any complaints about this research or its conduct, please contact:

Secretary, Ethics Review Committee, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka

Phone number: +94(0) 25 2053633 (please contact during working hrs 8 am – 4 pm)

E-mail: ethicsreviewcommittee@gmail.com

or

the University of Edinburgh's Research Governance team via email at: resgov@accord.scot