Informed Consent Process

The IRB ensures that the participants are adequately informed of what their participation entails (e.g.: risks and benefits). This includes written and signed informed consent in most cases.

The basic elements of the consent process include:

- Full disclosure of the nature of the research and the subject's participation,
- Adequate comprehension on the part of the potential subjects, and the subject's voluntary choice to participate.

INDIAN SCHOOL OF BUSINESS CONSENT FORM

Thank you for agreeing to participate in this study being conducted by the Indian School of Business, India.

[Describe your research procedures. Provide a detailed description of any procedures expected to be performed on or by the participants. Example, "In this research you will _____help me_____].

[If applicable, describe any use of video and/or audio recording that may occur during the study. Also explain how you intend to use these recordings and who will be given access to the recordings]

[Insert the expected duration of participation in the study. Indicate the location where research will be performed so that participants may estimate travel time].

All answers will be kept confidential by separating the information you provide from your personal information. Nobody other than the researcher will know what you answered. We request you to provide us with honest responses to all questions.

Participation in the research is completely voluntary. If there is any question you don't want to answer or if at any point you feel uncomfortable with the study, you have the option of quitting the study. There will be no consequences for not completing the study.

There are no known risks associated with your participation in this research beyond those of everyday life. Your participation will help the research since your views are important.

At the end of the study you will be compensated with [Rs____]

If there is anything about the study or your participation that is unclear or that you do not understand, if you have questions or wish to report a research–related problem, you may contact the Principal Investigator: [insert name] at phone [insert phone number] or email [insert email id] at the Indian School of Business, Gachibowli, Hyderabad – 500032, India.

For questions about your rights as a research participant, you may contact the Chair of the Institutional Review Board (IRB) at ISB: Professor Ashwini Chhatre at 040-2318-7134 or email Ashwini_Chhatre@isb.edu at the Indian School of Business, Gachibowli, Hyderabad – 500 111, India.

At this time, do you consent to participating in this survey? Yes No

_____ _____

PARTICIPANT SIGNATURE DATE

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[MINORS: In the event the protocol includes minors, the language below must be included. Minors (individuals under the age of 18) are not legally able to consent to research. Consent must be provided by the participant's parent or legal guardian. If a child is of an age and mental ability that s/he is capable of understanding the concept of research and the research activity, the child's assent must be sought and documented in addition to the parent's.]

By signing below, you agree that the above information has been explained to you and all your current questions have been answered. You understand that you may ask questions about any aspect of this research study during the course of the study and in the future. By signing this form, you agree that your child may participate in this research study. A copy of the consent form will be given to you.

___

PRINT PARENT'S NAME

_____ _____

PARENT SIGNATURE DATE

___

PRINT CHILD'S NAME

Minor's Assent
This research has been explained to me and I agree to participate.

MINOR'S SIGNATURE DATE

I certify that I have explained the nature and purpose of this research study to the above individual and I have discussed the potential benefits and possible risks of participation in the study. Any questions the individual has about this study have been answered and any future questions will be answered as they arise.

SIGNATURE OF PERSON OBTAINING CONSENT DATE

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[ADULTS LACKING THE CAPACITY TO CONSENT: In some cases consent cannot be obtained from an adult participant because the research participant lacks the ability to read and comprehend the consent form (for example, the participant may have diminished cognitive abilities due to Alzheimer's Disease). In such cases, the researchers must seek the participant's assent to participate in the study and the consent of the person legally responsible for the participant. If the participant does not wish to participate in the study, he/she cannot be enrolled in the study unless the person legally responsible for the participant determines that it is in the participant's best interest.]

Adult Assent

If you cannot give legal consent to take part in this study because you may have trouble reading or understanding this consent form, then the researcher will ask for your assent. Assent is your agreement to be in the study. The researcher will explain the study to you in words that you can understand. You should ask questions about anything you don't understand. Then you should decide if you want to be in the research study. If you want to participate, you or someone who can sign a legal document for you must also give their permission and sign this form before you take part.

By signing below, you agree to participate in this study:

___
PRINT PARTICIPANT'S NAME

_____ _____

PARTICIPANT'S SIGNATURE DATE

Consent of Guardian / Representative

If you have authority to consent on behalf of the above named participant, please print your name

_____ and indicate your relationship to the participant:

_____ The participant's legal guardian
_____ A durable power of attorney
_____ Other, please explain:_____

By signing below, you warrant that you have the authority to make decisions on behalf of the participant. You agree that the above information has been explained to you and all your current questions have been answered. You understand that you may ask questions about any aspect of this research study during the course of the study and in the future. By signing below, you consent to the participant's involvement in this study.

SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE DATE

I certify that I have explained the nature and purpose of this research study to the above individual and I have discussed the potential benefits and possible risks of participation in the study. Any questions the individual has about this study have been answered and any future questions will be answered as they arise.

SIGNATURE OF PERSON OBTAINING CONSENT DATE