

Consent Form for adult participants (2 copies)

“TITLE OF THE STUDY”

First and Last Name, Personal contact information, Head of Research, has offered me the opportunity to participate in the research entitled: “title of the study”.

I have reviewed the summary explaining the above-mentioned study (see overleaf). I have been able to ask all necessary questions, and have received clear and precise answers.

I am aware that the data collected during this research will remain strictly confidential.

I agree to an analysis of my personal data in accordance with the provisions of French Law No. 2004-801 of 6 August 2004 on the protection of individuals and amending Data Protection Act No. 78-17 of 6 January 1978 (computer processing of personal data). I have duly noted that I have the right to access and rectify said personal data, in accordance with Articles 39 and 40 of the Data Protection Act, by contacting Mr/Ms name of the Head of Research.

I understand that I was free to refuse to participate in this study, without this refusal having any repercussions. I also understand that I may withdraw my consent at any time (before and during the study) without the need to provide an explanation and without any repercussions.

Given the information provided, I freely and willingly agree to participate in the research entitled: “title of the study”.

Initials

My consent does not relieve the Head of Research or the Granting Agency from their responsibilities towards me.

Done in on
In two original copies

Participant in the research:

Head of Research:

First and Last Name:

First and Last Name:

Signature:

(Preceded by the words: "Read, understood and approved")

Signature:

Should Mr/Ms **Last Name** have any difficulties reading or writing or show any cognitive deficit that would impede his/her understanding, the third party identified below, completely independent of the Head of Research and the Granting Agency, declares that they have personally and faithfully read the information leaflet and Consent Form to the participant and obtained his/her agreement to sign this form below on his/her behalf.

First and Last Name:

Signature:

Summary of the study: