**INFORMED VOLUNTEER CONSENT FORM**

We kindly request that you participate in the study titled *[the title of the project approved by the Ethics Committee]*, conducted by *[Title, Name, Surname]*, a faculty member of the *[Faculty/Department of ………]* at Koç University, and permitted with the approval of the Ethics Committees of Koç University numbered *[the approval number of the Ethics Committee’s approval]*.

It is essential that you participate in this study voluntarily, without any pressure or obligation. Please read the details below and feel free to contact us if you have difficulty understanding them or have any questions before you decide to participate.

**PURPOSE OF THE STUDY (Why is this study necessary?)**

*The study and its objectives should be summarized by addressing the volunteer directly, using appropriate language for them, and avoiding technical terminology.*

**PROCEDURES**

In the event that you wish to participate in this study voluntarily, the following activities will be carried out:

*The activities to be carried out with the volunteer, the location of these activities, and the time the volunteer will spend (throughout the trial and until the end of the study) should be specified separately.*

**POTENTIAL RISKS AND DISCOMFORT**

*The physical, emotional, or social situations that the volunteer will be exposed to and/or may cause discomfort should be explained separately. The devices to be used, if any, and the risks related to the actions to be taken should be specified separately. The measures taken against these risks and the actions to be taken when they are encountered should be explained. In case there is no risk, a phrase meaning “It does not pose a greater risk than those encountered in everyday life” should be added.*

**POTENTIAL BENEFITS TO THE SOCIETY AND/OR VOLUNTEERS**

*Any benefit that volunteers will derive during or after the study, specifically due to their participation in this study or the procedures to be performed, should be specified. The benefits of the results of the study to the society and their contribution to the scientific world should be explained in a way that the volunteer can understand.*

**CONFIDENTIALITY**

Any information that specifically identifies you and is collected in connection with this study shall be kept confidential and shall not be disclosed to third parties without your consent.

*It should be explained in detail how the information obtained from the volunteer will be used, how identity details will be stored, how their confidentiality will be protected, who will be able to access this information, and how and under what conditions they will be able to access it. In cases that are subject to the legal legislation on the protection of personal data and the rights of volunteers participating in medical research, a statement should be made by referring to the relevant legislation.*

**PARTICIPATION AND WITHDRAWAL**

It is essential that you decide whether you want to participate in this study or not, of your own free will, without any influence.

Once you decide to participate, you can withdraw from the study at any time without losing any of your rights or being subject to any sanctions.

**IDENTITY OF THE RESEARCHERS**

If you have any question or concern about this research, please contact:

The full identities and contact details (corporate address, phone number, and e-mail) of the Research Leader and researchers who will directly work with the volunteers participating in the study should be added.

I have understood the explanations above. My questions have been answered satisfactorily. I agree to participate in this study, without prejudice to my right to withdraw at any time. I have received a copy of this form.

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Participant’s Name-Surname

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Participant’s Signature Date

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Researcher’s Signature Date