**PARTICIPANT INFORMATION SHEET**

**AAUP-IRB Code No.:** ………………………….

**AAUP-IRB Date:** ……………………………….

**Study Title:** ……………………………………………………………………………………………………. …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

We would like to invite you to take part in a research study. Before you decide whether to participate, you need to understand why the research is being done and what it would involve. Please take time to read the following information carefully; talk to others about the study if you wish.

Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

1. **What is the purpose of this study?**

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1. **Why is this study important?**

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1. **What is the procedure that is being tested?** *(If applicable)*

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1. **Why have I been invited to participate in this study?**

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1. **Who should not participate in the study?**

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1. **Can I refuse to take part in the study?**

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1. **What will happen to me if I take part?**

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1. **How long will I be involved in this study?**

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1. **What are the possible disadvantages and risks?**

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1. **What are the possible benefits to me?**

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1. **Who will have access to my medical records and research data?**

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1. **Will my records/data be kept confidential?**

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1. **What will happen to any samples I give?** *(If applicable)*

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1. **What will happen if I don’t want to carry on with the study?**

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1. **What will happen to the results of the research study?**

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1. **Will I receive compensation for participating in this study?**

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1. **Who should I contact if I have additional questions/problems during the study?**

***Researcher contact details:***

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1. **Who should I contact if I am unhappy with how the study is being conducted?**

Ethical Review Committee

Deanship of Scientific Research

Arab American University-Palestine (AAUP)

Email: src@aaup.edu