



VIREC PARTICIPANT INFORMATION SHEET (PIS)
[Prepared in a language the participant can easily understand;
hand over one copy to participant & preserve a signed copy]



VIREC APPROVAL NO.: _____

PARTICIPANT'S NAME: _____

PARTICIPANT SERIAL NUMBER / CASE ID: _____

Dear Participant,

You are invited to take part in this research study. The following information is meant to help you decide whether to take part. Please go through it carefully and feel free to ask for any additional queries or concerns. Additionally, this information sheet has been read out and explained to the participant in his/her own language.

1. What is the topic of my research study? (*research project title*)

2. Who am I? (*Name and designation of the person who is conducting the research*)

- **Name:** [Your Name]
- **Designation:** [Your Designation, e.g., Postgraduate Student / Research Scholar / Faculty Member]
- **Phone:** [Your Phone Number]
- **Email ID:** [Your Email Address]
- **Address:** [Your Institutional Address or Contact Address]

3. Whom shall you contact for any further clarification/concern? (*Ethics committee address*)

- Member Secretary, VIREC Office, NMC Cell, First Floor, Main College Building; VIMSAR, Ayurvihar, Burla, Sambalpur, Odisha, India – 768017; Email ID: virec@2025@gmail.com

4. What is the nature of your participation in the study?

5. Will your information be kept confidential during and after the study?

6. What benefits are expected from this research?

7. What are the possible risks for you in taking part in the study?

8. Is there any provision of any incentive/remuneration for your taking part in this study?

9. Is there any provision for compensation for possible loss or damage due to your taking part in the study?

10. What are your withdrawal options from taking part in the study?

11. Can I use your biological material and data related to this study?

12. Consent

- Thank you for taking the time to read this information and for considering participating in this research. In case you agree to participate in the research project as explained above, you are required to sign a written consent annexed herewith.

_____/place_____/dt_____

Signature of Principal Investigator

I have understood all the information as above which have been explained to me.

_____/place_____/dt_____

Signature of Participant/LAR

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