NCMH-REC FORM 2.4
INFORMED CONSENT EVALUATION FORM
To be filled up by the primary reviewer

Protocol Number

Protocol Title:	Date (m/d/y):
Principal Investigator	

A. Informed Consent Document Review	
1. Does the Informed Consent document state that the procedures are primarily intended for research? ☐ Yes ☐ No	**Comments / What should be improved?**
2. Are procedures for obtaining Informed Consent appropriate? ☐ Yes ☐ No	**Comments / What should be improved?**
3. Does the Informed Consent document contain comprehensive and relevant information? ☐ Yes ☐ No	**Comments / What should be improved?**
A. Objective of the Study	
B. Reason for inviting the respondents	
C. Procedures involve (e.g. accomplishment of a survey form, how many pages, how long will it take to finish)	
4. Is the information provided in the protocol Consistent with those in the consent form? ☐ Consistent ☐ Inconsistent	**Comments / What should be improved?**
5. Are study related risks mentioned in the consent form? ☐ Yes ☐ No	**Comments / What should be improved?**
6. Is the language in the Informed Consent document understandable? ☐ Yes ☐ No	**Comments / What should be improved?**
7. Is the Informed Consent translated into the local language/dialect? ☐ Yes ☐ No	**Comments / What should be improved?**
8. Are there vulnerable participants? ☐ Yes ☐ No	**Comments / What should be improved?**

9. Are the different types of consent forms (assent, patient representative) appropriate for the types of study participants? ☐Appropriate ☐Inappropriate ☐N/A	**Comments / What should be improved?**
10. Are names and contact numbers from the Research team & the REC in the Informed Consent? ☐ Yes ☐ No	**Comments / What should be improved?**
11. Does the ICF provide privacy and confidentiality protection? ☐ Yes ☐ No	**Comments / What should be improved?**
12. Is there any undue inducement for participation? ☐ Yes ☐ No	**Comments / What should be improved?**
13. Is there provision for medical/psychosocial support? ☐ Ye ☐ No ☐ Not Applicable	**Comments / What should be improved?**
14. Is there provision for treatment of study-related Injuries? ☐ Yes ☐ No ☐ Not Applicable	**Comments / What should be improved?**
15. Is the amount paid to participants stated? ☐ Ye ☐ No ☐ Not Applicable	**Comments / What should be improved?**
16. Is there an option/right to withdrawal at any time without consequences by the participants? ☐ Yes ☐ No	**Comments / What should be improved?**

B. Recommendation

Decision: ☐ Approval ☐ Minor Modification
☐ Major Modification/Resubmission ☐ Disapproval

Reviewer's Name :		
	Signature above printed name	**Date** (M/D/Y)