

**Consent document for an invasive procedure solely to obtain material for research**

**Institutional Technical and Ethical Review Board  
University of Public Health, Yangon  
Ministry of Health and Sports  
Republic of the Union of Myanmar**

**Consent document for an invasive procedure solely to obtain material for research**

*This consent document is required for invasive procedure to be carried out solely to obtain the research samples and that there is no therapeutic benefit to the research subject.*

- 1) Description of the procedure to be used and the sample to be obtained
- 2) Statement that the procedure is to be done solely to obtain the research sample and that there is no therapeutic benefit to the research subject.
- 3) Description of any risks (even remote risks) of the procedure
- 4) Notification that appropriate care will be provided if any adverse events arise during the procedure or a result of carrying out the procedure to obtain the sample

I give permission for the procedure of .....  
To obtain a sample of .....  
For research .....

Signature of subject \_\_\_\_\_  
Name of subject \_\_\_\_\_  
Date (Day/month/year) \_\_\_\_\_

If illiterate \*

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

\* A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.

Name of witness \_\_\_\_\_ and  
Signature of witness \_\_\_\_\_  
Date (Day/month/year) \_\_\_\_\_

thumb print of participant



I have explained the risks of the invasive procedure. I have explained that this procedure is of no therapeutic benefit but is being done solely in order to collect the research sample.

Signature of Doctor \_\_\_\_\_  
Name of Doctor \_\_\_\_\_  
Date (Day/month/year) \_\_\_\_\_  
(Doctor who will undertake the surgical procedure)

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Signature of researcher \_\_\_\_\_  
Name of researcher \_\_\_\_\_  
Date (Day/month/year) \_\_\_\_\_