

***Informed Parental Consent Form Template for  
Research Involving Children (Clinical Studies)***

**(This template is for either clinical trials or clinical research)**

*(language used throughout form should be at the level of a local student of class 6<sup>th</sup>/8<sup>th</sup>)*

Notes to Researchers:

1. Please note that this is a template developed by the WHO ERC to assist the Principal Investigator in the design of their informed consent forms (ICF). It is important that Principal Investigators adapt their own ICFs to the outline and requirements of their particular study. **The logo of the Institution must be used on the ICF and not the WHO logo.**
2. The informed consent form consists of two parts: the information sheet and the consent certificate.
3. Do not be concerned by the length of this template. It is long only because it contains guidance and explanations which are for you and which you will not include in the informed consent forms that you develop and provide to participants in your research.
4. This template includes examples of key questions that may be asked at the end of each section, that could ensure the understanding of the information being provided, especially if the research study is complex. These are just examples, and suggestions, and the investigators will have to modify the questions depending upon their study.
5. In this template:
  - square brackets indicate where specific information is to be inserted
  - bold lettering indicates sections or wording which should be included
  - standard lettering is used for explanations to researchers only and must not be included in your consent forms. The explanation is provided in black, and examples are provided in red in italics. Suggested questions to elucidate understanding are given in black in italics.

TEMPLATE ON FOLLOWING PAGE

[YOUR INSTITUTIONAL LETTERHEAD]

**Please do not submit consent forms on the WHO letter head**

**[Name of Principle Investigator]**

**[Informed Consent Form for \_\_\_\_\_]**

Name the group of individuals for whom this consent is written. Because research for a single project is often carried out with a number of different groups of individuals - for example healthcare workers, patients, and parents of patients - it is important that you identify which group this particular consent is for.

*(This informed consent form is for the parents of children between the ages of 1 and 4 years of age who attend clinic Z, and who we are asking to participate in research X )*

**[Name of Principal Investigator]**

**[Name of Organization]**

**[Name of Sponsor]**

**[Name of Proposal and version]**

**This Informed Consent Form has two parts:**

- **Information Sheet (to share information about the study with you)**
- **Certificate of Consent (for signatures if you agree that your child may participate)**

**You will be given a copy of the full Informed Consent Form**

## **PART I: Information Sheet**

### **Introduction**

Briefly state who you are, and explain that you are inviting them to have their child participate in research which you are doing. Inform them that they may talk to anyone they feel comfortable talking with about the research and that they can take time to reflect on whether they want their child to participate or not. Assure the parent that if they do not understand some of the words or concepts, that you will take time to explain them as you go along and that they can ask questions now or later.

*(I am X, working for the Y Research Institute. We are doing research on Z disease, which is very common in this country.*

*I am going to give you information and invite you to have your child participate in this research. You do not have to decide today whether or not you agree that your child may participate in the research. Before you decide, you can talk to anyone you feel comfortable with.*

*There may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me, the study doctor or the staff.)*

### **Purpose**

Explain the problem/research question in lay terms which will clarify rather than confuse. Use local and simplified terms for a disease, e.g. local name of disease instead of malaria, mosquito instead of anopheles, “mosquitoes help in spreading the disease” rather than “mosquitoes are the vectors”. Avoid using terms like pathogenesis, indicators, determinants, equitable etc. There are guides on

the internet to help you find substitutes for words which are overly scientific or are professional jargon.

Recognize that parents' feelings about involving their children in research can be complicated. The desire and feeling of responsibility to protect their child from risk or discomfort may exist alongside the hope that the study drug will help either their child or others. It is, therefore, important to provide clear and understandable explanations, and to give parents time to reflect on whether they will consent to have their child participate.

*( Malaria is one of the most common and dangerous diseases in this region. The vaccine that is currently being used is not as good as we would like it to be but there is a new vaccine which may work better. The purpose of this research to test the new vaccine to see if it protects young children better than the current vaccine).*

### **Type of Research Intervention**

Briefly state the intervention if you have not already done so. This will be expanded upon in the procedures section.

*(An injection OR a series of three injections OR taking a vaccine orally, a biopsy).*

### **Participant selection**

State clearly why you have chosen their child to participate in this study. Parents may wonder why their child has been chosen for a study and may be fearful, confused or concerned. Include a brief statement on why children, rather than adults, are being studied.

*(The vaccine has been found to be effective with adults and older children. Because of how young children grow and develop, we can't assume that the vaccine will be as effective on young children unless we test it on children*

*We are inviting you to take part in this research because it is important that we test a new vaccine on children who do not have malaria but who live in an area where malaria is a serious problem. Because you and your child live in this area and your child does not have malaria, we are asking if you would allow your child to participate.)*

- **Example of question to elucidate understanding:** *Do you know why your child has been identified as a potential research participant? Do you know what the study is about?*

### **Voluntary Participation**

Indicate clearly that they can choose to have their child participate or not. State, if it is applicable, that they will still receive all the services they usually do if they decide not to participate. This can be repeated and expanded upon later in the form as well. It is important to state clearly at the beginning of the form that participation is voluntary so that the other information can be heard in this context.

*(Your decision to have your child participate in this study is entirely voluntary. It is your choice whether to have your child participate or not. If you choose not to consent, all the services you and your child receive at this clinic will continue and nothing will change. You may also choose to change your mind later and stop participating, even if you agreed earlier, and the services you and/or your child receives at the clinic will continue.)*

- **Examples of question to elucidate understanding:** *If you decide that you do not want your child to take part in this research study, do you know what your options for him/her are?*

*Do you know that you do not have to accept that your child takes part in this research study? Do you have any questions?*

Include the following section only if the protocol is for a clinical trial:

**Information on the Trial Drug [Name of Drug]**

- 1) give the phase of the trial and explain what that means. Explain to the parent why you are comparing or testing the drugs.
- 2) provide as much information as is appropriate and understandable about the drug such as its manufacturer or location of manufacture and the reason for its development.
- 3) explain the known experience with this drug
- 4) explain comprehensively all the known side-effects/toxicity of this drug, as well as the adverse effects of all the other medicines that are being used in the trial

*(The ABX vaccine has been tested twice before but only with older children and adults. In both studies, the vaccine worked better than the vaccine that currently exist. While the current vaccine protects only 60% of people who take the vaccine the new one protected more than 80% of the people The new vaccine also protected for a longer time period. We want to compare those two vaccines - the current one and the new one - in a younger age group, and that is why we are doing this research.*

*The drug is made by Company AB, who is working with a local hospital to have it tested. Its called a \_\_\_\_\_type of drug because it helps part of the blood to \_\_\_\_\_. The new vaccine that we are studying has no known side effects. The current vaccine that is being used in the study also has no known side effects.)*

**Procedures and Protocol**

It is important that the parents know what to expect and what is expected of them and their child. Describe or explain the exact procedures that will be followed on a step-by-step basis, the tests that will be done, and the drugs that will be given. It is also important to explain from the outset what some of the more unfamiliar procedures involve (placebo, randomization, biopsy, etc.) Describe very clearly which procedure is routine and which is experimental or research. Explain that the parent may stay with the child during the procedures. If the researchers are to have access to the child's medical records, this should be stated.

Use active, rather than conditional, language. Write "we will ask you to..." instead of "we would like to ask you to....".

In this template, this section has been divided into two: firstly, an explanation of unfamiliar procedures and, secondly, a description of process.

**A. Unfamiliar Procedures**

If the protocol is for a clinical trial:

1) involving randomization or blinding, the participants should be told what that means and what chance they have of getting which drug (i.e. one in four chances of getting the test drug). A very minimal statement is provided below to give you an example. You may need to be more explicit about what is exactly involved.

*(Because we do not know if the new vaccine is better than the currently available vaccine for treating this disease, we need to make comparisons. Children taking part in this research will be put into groups which are selected by chance, as if by tossing a coin.*

*One group will get the vaccine we are testing, and the other group will get the malaria vaccine which is currently used in this region. It is important that neither you nor we know which of the two vaccines your child was given. This information will be in our files, but we will not look at these files until after the research is finished. This is the best way we have for testing vaccines without being influenced by what we think or hope might happen. We will then compare which of the two has the best results.*

*The healthcare workers will be looking after you and the other participants very carefully during the study. If we are concerned about what the medicines or treatment is doing, we will find out which vaccine your child is getting and make changes.)*

2) involving a placebo it is important to ensure that the participants understand what is meant by a placebo. An example for a placebo is given below.

*(A placebo or inactive medicine looks like real medicine but it is not. It is a dummy or pretend medicine. It has no effect on a person because it has no real medicine in it. Sometimes when we want to know whether a new medicine is good, we give some people the new medicine and some people the pretend or dummy medicine. For the research to be good, it is important that you and your child do not know whether the real medicine or the pretend or dummy medicine was given. This is one of the best ways we have for knowing what the medicine we are testing really does.)*

3) which may necessitate a rescue medicine, then provide information about the rescue medicine or treatment such as what it is and the criterion for its use. For example, in pain trials, if the test drug does not control pain, then intravenous morphine may be used as a rescue medicine

*( If we find that the medicine that is being used does not have the desired effect, or not to the extent that we wish it to have, we will use what is called a “rescue medicine.”.)*

### **B. Description of the Process**

Describe the process on a step-by-step basis.

*(You may stay with your child during each of the visits and during the procedures. In the first visit, a small amount of blood, equal to about a teaspoon will be taken from your child's arm. This will be tested for the presence of substances that help your child's body to fight infections. Your child will feel some discomfort when the needle stick goes into her/his arm but this will go away very quickly. There may be slight bruising but this will disappear in a few days.*

*In the next visit, your child will be given either the test vaccine or the vaccine that is currently being used for malaria in this region. Neither you nor we will know, until later in the study, which vaccine your child was given. The vaccine will be given by a trained healthcare worker. After the vaccine, we ask that you and your child stay at the clinic for 30 minutes so that the healthcare worker can observe any immediate changes in the child's mood, and if swelling occurs around the injection site. We will give you and your child juice and something small to eat.*

*We will ask your child's physician to give us the details of your child's health and illness related information. If you do not wish us to do that, please let us know. However, because your child's health records are very important for the study, if we cannot look at the health records, we will not be able to include your child in the study.*

*At the end of the study, we will contact you by letter to tell you which of the two vaccines your child was given.... )*

**In case of a clinical research:**

Explain that there are standards/guidelines that must be followed. If a biopsy will be taken, then explain whether it will be under local anesthesia, sedation or general anesthesia, and what sort of symptoms and side effects the participant should expect under each category.

*(Your child will receive the treatment for his/her condition according to national guidelines, etc. The sample will be taken using a local anesthesia which means that only the part of your child that we are taking the sample from, and a small surrounding area, will lose feeling for a short time. Your child shouldn't feel pain, etc.)*

For any clinical study (if relevant):

If blood samples are to be taken explain how many times and how much in a language that the person understands. It may, for example, be inappropriate to tell a tribal villager that blood equal to a table-spoon full will be taken.

If the tissues/blood samples or any other human biological material will be stored for a duration longer than the research purpose, or is likely to be used for a purpose other than mentioned in the research proposal, then provide information about this and obtain consent specifically for such storage and use in addition to consent for participation in the study - (see last section)

If not, then explicitly mention here that the biological samples obtained during this research procedure will be used only for this research, and will be destroyed after \_\_\_ years, when the research is completed.

**Duration**

Include a statement about the time commitments of the research for the participant and for the parent including both the duration of the research and follow-up, if relevant.

*(The research takes place over \_\_\_ (number of) days/ or \_\_\_ (number of) months in total. During that time, it will be necessary for you to come to the clinic/hospital/health facility \_\_\_\_\_(number of) days, for \_\_\_ (number of) hours each day. We would like to meet with you six months after your last visit for a final check-up. Altogether, we will see you and your child 4 times over a year).*

- **Examples of question to elucidate understanding:** *Can you tell me if you remember the number of times that we are asking you to come to the hospital to complete the treatment? The research project? How many injections will you be given? How many tablets? How much blood will be taken from your veins, using a syringe and needle? Over how many weeks? Etc. Do you have any other questions? Do you want me to go through the procedures again?*

**Side Effects**

Parents should be told if there are any known or anticipated side effects and what will happen in the event of a side effect or an unexpected event.

*(These vaccines can have some unwanted effects or some effects that we are not currently aware of. However, we will follow your child closely and keep track of these unwanted effects or any problems. We will give you a telephone number to call if you notice anything out of the ordinary, or if you have concerns or questions. You can also bring your child to this health facility at anytime and ask to see [name of nurse, doctor, researcher].*

*We may use some other medicines to decrease the symptoms of the side effects or reactions. Or we may stop the use of one or more drugs. If this is necessary we will discuss it together with you and you will always be consulted before we move to the next step.)*

### **Risks**

A risk can be thought of as being the possibility that harm may occur. Explain and describe any such possible or anticipated risks. Provide enough information about the risks that the parent can make an informed decision. Describe the level of care that will be available in the event that harm does occur, who will provide it, and who will pay for it.

*(By participating in this research it is possible that your child will be at greater risk than he/she would otherwise be. There is a possibility that \_\_\_\_\_ may happen as a result of taking this drug. While the possibility of this happening is very low, you should still be aware of the possibility. If something unexpected happens and harm does occur, we will provide your child with \_\_\_\_\_. [explain the level of care that will be available, who will provide it, and who will pay for it. Inform the parent if there is a particular insurance in place.]*

### **Discomforts**

Explain and describe the type and source of any anticipated discomforts that are in addition to the side effects and risks discussed above.

*(By participating in this research it is possible that your child may experience some discomfort such as the discomfort of the injections. There may be a slight hardening and/or swelling where the needle stick goes into the skin. This should disappear in one day. Your child may also be fussier than usual or more tired. These behaviors usually stop within one day but if you are concerned, please call me or come to the clinic.)*

- **Examples of question to elucidate understanding:** *Do you understand that, while the research study is on-going, no-one may know which medicine your child is receiving? Do you know that the medicine that we are testing is a new medicine, and we do not know everything about it? Do you understand that your child may have some unwanted side-effects from the medicines? Do you understand that these side-effects can happen whether or not your child is in the research study? Etc. Do you have any questions?*

### **Benefits**

Benefits may be divided into benefits to the individual, benefits to the community in which the individual resides, and benefits to society as a whole as a result of finding an answer to the research question. Mention only those activities that will be actual benefits and not those to which they are entitled regardless of participation.

*(If your child participates in this research, he/she will have the following benefits: any interim illnesses will be treated at no charge to you. If your child falls sick during this period he/she will be treated free of charge. There may not be any other benefit for your child but his/her participation is likely to help us find the answer to the research question. There may not be any benefit to the society at this stage of the research, but future generations are likely to benefit.)*

### **Reimbursements**

State clearly what you will provide the participants with as a result of their participation. WHO does not encourage incentives beyond reimbursements for expenses incurred as a result of participation in research. The expenses may include, for example, travel expenses and reimbursement for time lost. The amount should be determined within the host country context.



*(You will not be provided any incentive to take part in this research. However, you will be reimbursed with - provide a figure if money is involved - for your lost time and travel expense.)*

- **Examples of question to elucidate understanding:** *Can you tell me if you have understood correctly the benefits that your child will have if you allow him/her to take part in the study? Do you know if the study will pay for your and your child's travel costs and your time lost, and do you know how much you will be re-imbursed? Do you have any other questions?*

### **Confidentiality**

Explain how the research team will maintain the confidentiality of data, especially with respect to the information about the participant, which would otherwise be known only to the physician but would now be available to the entire research team. Because something out of the ordinary is being done through research, any individual taking part in the research is likely to be more easily identified by members of the community and is therefore more likely to be stigmatized.

*( The information that we collect from this research project will be kept confidential. Information about your child that will be collected from the research will be put away and no-one but the researchers will be able to see it. Any information about your child will have a number on it instead of his/her name. Only the researchers will know what his/her number is and we will lock that information up with a lock and key. It will not be shared with or given to anyone except [name who will have access to the information, such as research sponsors, DSMB board, your clinician, etc].)*

- **Example of question to elucidate understanding:** *Did you understand the procedures that we will be using to make sure that any information that we as researchers collect about you and/or your child will remain confidential? Do you have any questions about them?*

### **Sharing of the results**

Your plan for sharing the information with the participants and their parents should be provided. If you have a plan and a timeline for the sharing of information, include the details. Also inform the parent that the research findings will be shared more broadly, for example, through publications and conferences.

*(The knowledge that we get from this study will be shared with you before it is made widely available to the public. Confidential information will not be shared. There will be small meetings in the community and these will be announced. Afterwards, we will publish the results in order that other interested people may learn from our research).*

### **Right to Refuse or Withdraw**

This is a reconfirmation that participation is voluntary and includes the right to withdraw. Tailor this section well to ensure that it fits for the group for whom you are seeking consent. The example used here is for a parent of an infant at a clinic.

*(You do not have to agree to your child taking part in this research if you do not wish to do so and refusing to allow your child to participate will not affect your treatment or your child's treatment at this Centre in any way. You and your child will still have all the benefits that you would otherwise have at this Centre. You may stop your child from participating in the research at any time that you wish without either you or your child losing any of your rights as a patient here. Neither your treatment nor your child's treatment at this Centre will be affected in any way.)*



### **Alternatives to participating**

Include this section only if the study involves administration of investigational drugs or use of new therapeutic procedures. It is important to explain and describe the established standard treatment.

*(If you do not wish your child to take part in the research, your child will be provided with the established standard treatment available at the centre/institute/hospital. People who have malaria are given....)*

### **Who to Contact**

Provide the name and contact information of someone who is involved, informed and accessible (a local person who can actually be contacted.) State also that the proposal has been approved and how.

*(If you have any questions you may ask them now or later, even after the study has started. If you wish to ask questions later, you may contact any of the following: [name, address/telephone number/e-mail])*

*This proposal has been reviewed and approved by [name of the IRB], which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find out more about the IRB, contact [name, address, telephone number.]*

## **PART II: Certificate of Consent**

### **Certificate of Consent**

This section should be written in the first person and have a statement similar to the one in bold below. If the participant is illiterate but gives oral consent, a witness must sign. A researcher or the person going over the informed consent must sign each consent. The certificate of consent should avoid statements that have "I understand...." phrases. The understanding should perhaps be better tested through targeted questions during the reading of the information sheet (some examples of questions are given above), or through the questions being asked at the end of the reading of the information sheet, if the potential participant is reading the information sheet him/herself.

*( I have been invited to have my child participate in research of a new malaria vaccine). I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily for my child to participate as a participant in this study.*

**Print Name of Participant** \_\_\_\_\_

**Print Name of Parent or Guardian** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_  
**Day/month/year**

***If illiterate***

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.

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

**Print name of witness** \_\_\_\_\_

**AND**

**Thumb print of parent**

**Signature of witness** \_\_\_\_\_



**Date** \_\_\_\_\_  
**Day/month/year**

**Statement by the researcher/person taking consent**

**I have accurately read out the information sheet to the parent of the potential participant, and to the best of my ability made sure that the person understands that the following will be done:**

- 1.**
- 2.**
- 3.**

**I confirm that the parent was given an opportunity to ask questions about the study, and all the questions asked by the parent have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

**A copy of this ICF has been provided to the participant.**

**Print Name of Researcher/person taking the consent** \_\_\_\_\_

**Signature of Researcher /person taking the consent** \_\_\_\_\_

**Date** \_\_\_\_\_  
**Day/month/year**

An Informed Assent Form will \_\_\_\_\_ OR will not \_\_\_\_\_ be completed.