**Template of Consent Form**

EXAMPLE

Department of XXXXX

Faculty of XXX

Universiti Putra Malaysia

**Title of Study :**

**AUP approval no :**

**Period of Study :**

**Location :**

**Purpose of the Study :**

**Involvement :**

**Procedures :**

1. XXX
2. XXX
3. XXX

**Possible Risk(s) :**

**Confidentiality :**

**Voluntary Participation :**

**Financial Compensation :**

**Declaration**

I have read and understand the above explanation in regard to XXXX…..

|  |  |
| --- | --- |
| Name of Owner :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact no/Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Project Conductor : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact no/Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Principal Investigator : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact no/Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

For further enquiries or concerns, do contact:

1. Principal Investigator:   
   Full name and contact details

2. Institutional Animal Care and Use Committee (IACUC), Universiti Putra Malaysia, 43400 UPM Serdang, Selangor. Email: [iacuc@upm.edu.my](mailto:iacuc@upm.edu.my) or contact no: +603-97691244/1605

**\*Please exclude inappropriate information listed here, and include any other relevant information related to your proposed project.**