# Participant Information Sheet And Consent Form For Photography And Videography

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| In this guidance:   * Bullet points in green text provide explanation to researchers on requirements for consent elements and should not be included in your consent document. * [Square brackets in blue text] indicate instructions to researchers only and should not be included in your consent document. It is followed by examples or standard statements in italics, which are optional and should be deleted if not applicable. * (Brackets in yellow highlight) indicate where specific information is to be inserted. * Yellow-highlighted text without brackets indicates words or phrases that should be looked at carefully whether to leave it or delete it as relevant to your study. * Standard statements are provided in standard lettering in black. Do not modify or delete unless otherwise indicated (i.e. yellow-highlighted or [square brackets in blue text]). * Examples of language for the consent elements are provided in standard lettering in black. Modify in accordance to your research. * Text formatting\*:   + Headings : Arial, font size 12, Bold, All caps   + Sub-headings : Arial, font size 11, Bold   + Text (Description) : Arial, font size 11   + Line spacing : 1.0   \*Where necessary, use bigger font size for research involving patients with visual impairment.   |  | | --- | | **STUDY INFORMATION** | | **Protocol Title:** | | **(Use the full protocol title as used in the ACMS-IRB Application)** | | **Principal Investigator:** | | **(Please include full name, department, address, phone number\*)**  (\*For all studies, please include minimally your Institution’s mainline. For more than minimal risks studies, please include the mobile number of PI or Study Coordinator, in addition to your Institution’s mainline.) | | **Sponsor:** | | (Delete this section if this is an investigator-initiated study without specific funding.) |   Before agreeing to participate in the research, it is important for you to understand that this research also involves the collection of videographs/ photographs of you.   1. **PURPOSE OF VIDEOGRAPHY/ PHOTOGRAPHY**   This study involves videography/photography of (describe the body parts/ study procedures that would be recorded) during your participation in the research study. The purpose is to (describe why the recordings are being made. E.g. to provide additional documentation to support the data collected in this research study.)  *(Describe in details procedures of the videography/ photography)*  Example (Videography): When your child is 24 months and 32 months, the study team will use an observational tool, PICCOLO to access and monitor the quality of parent-child interactions. This PICCOLO assessment will be video recorded. The video recording will be transcribed by the study team to provide positive feedback to parents, plan individualized family interventions, and measure program effectiveness.  Example (Photography): The study team will take photographs of your front and back trunk, legs and arms and/or any target skin lesions/ eczema areas, which may include your face and private body parts. You will need to undress prior to the photographs being taken. All accessories such as watches and necklaces should be removed. You may leave undergarments on. Any photos obtained and used in a report published as a result of this study will not identify you by name, and to the extent possible, the photos will be presented so that you are not recognizable (if a photograph bearing your face is required, a black “bar” will be placed over the eyes, and if applicable, other identifying features such as piercing, scars, tattoos). Your confidentiality will be protected to the best of our ability. However, absolute confidentiality cannot be guaranteed.   1. **CONFIDENTIALITY AND DATA SHARING**   The study team will take measures to protect the confidentiality of your video/ photo recording, and your privacy. Video/ photo recording collected for the purpose of this research study will not be labeled with your name or identifiable information. Instead, a study number will be assigned and used.  The study team may use your video/ photo recording to:   * << Describe of any >>   The video/ photo recording will be stored for a period of not more than (how many years) years. Thereafter, all the video/ photo recordings will be deleted from (the stored devices).   1. **WITHDRAWAL**   You have the right to withdraw your consent at any time, without stating your reasons. Your decision will not result in any penalty or loss of benefits to which you are otherwise entitled.  If you withdraw your consent and decide to leave the research study completely, all video/ photo recording obtained before you withdrew (e.g. will still be used and included in the analyses and results of the trial for scientific purposes/ will be securely destroyed immediately). |
| **CONSENT FORM FOR VIDEOGRAPHY/ PHOTOGRAPHY**  **Details of Research Study**  **Protocol Title:**  Use the full protocol title as used in the ACMS-IRB Application  **Principal Investigator:**  Include full name, address and phone number  Participants’ Particulars  Name:  I hereby give my consent to the research team for videographs/ photographs to be taken as mentioned above, and for the videographs/ photographs to be used by the research team for the purpose of the above-mentioned research study.  I understand that the research team will, to the best of their ability, protect my identity in the event the videographs/ photographs are presented in any publications or presentations.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Name of participant’s parent/ legal guardian/ legal representative |  | Signature/Thumbprint (Right / Left) |  | Date of signing |  |  | | --- | | **To be completed by parent / legal guardian / legal representative, where applicable** |   I hereby give consent to the research team for videographs/ photographs to be taken of the above participant and for the videographs/ photographs to be used by the research team for the proposed research study.  I understand that the research team will, to the best of their ability, protect the participant’s identity in the event the videographs/ photographs are presented in any publications or presentations     |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Name of participant’s parent/ legal guardian/ legal representative |  | Signature/Thumbprint (Right / Left) |  | Date of signing |  |  | | --- | | **To be completed by translator, if required** |   The study has been explained to the participant/ legal representative in   |  |  |  | | --- | --- | --- | |  | by |  | | Language |  | Name of Translator |  |  | | --- | | **To be completed by witness, where applicable** |   I, the undersigned, certify that:   * + I am 21 years of age or older.   + To the best of my knowledge, the participant or the participant’s legal representative signing this informed consent form had the study fully explained to him/her in a language understood by him/ her and clearly understands the nature, risks and benefits of the participant’s participation in the study.   + I have taken reasonable steps to ascertain the identity of the participant or the participant’s legal representative giving the consent.   + I have taken reasonable steps to ascertain that the consent has been given voluntarily without any coercion or intimidation.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Witnessed by: |  |  |  |  | |  |  | Name of witness |  | Date of signing | |  |  |  |  |  | |  |  | Signature of witness |  |  |  1. An impartial witness (who is 21 years of age or older, has mental capacity, who is independent of the research study, and cannot be unfairly influenced by people involved with the research study) should be present during the entire informed consent discussion if a participant or the participant’s legal representative is unable to read, and/or sign and date on the consent form (i.e. using the participant’s or legal representative’s thumbprint). After the written consent form and any written information to be provided to participant is read and explained to the participant or the participant’s legal representative, and after the participant or the participant’s legal representative has orally consented to the participant’s participation in the study and, if capable of doing so, has signed and personally dated the consent form, the witness should sign and personally date the consent form. This is applicable for Clinical Trials regulated by HSA and Human Biomedical Research under the HBRA. 2. For HBRA studies, the witness may be a member of the team carrying out the research only if a participant or the participant’s legal representative is able to read, sign and date on the consent form.  |  | | --- | | **Investigator’s Statement** |   I, the undersigned, certify to the best of my knowledge that the participant/ participant’s legal representative signing this consent form had the study fully explained to him/her and clearly understands the nature, risks and benefits of the participant’s participation in the study.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Name of Investigator/Person obtaining consent |  | Signature |  | Date | |