



**ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
THIMPHU BHUTAN**



Informed Consent Form for Health Facility Survey (Clients)

Name of Principal Investigator: Dr. Lungten Z Wangchuk

Name of Organization: Ministry of Health, Bhutan

Name of Sponsor: Ministry of Health/World Bank

This Informed Consent Form has two parts:

- **Information Sheet (to share information about the research with you)**
- **Certificate of Consent (for signatures if you agree to take part)**

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

PART I: Information Sheet

Purpose of the research

Health Ministry has made efforts to provide standard facilities and care for STI/HIV prevention, diagnosis and care for people of Bhutan through the World Bank support. Now we would like to see how far we have reached in providing you with the standard services and care regarding STI/HIV and how can we improve further based on the information we get through this study

Type of Research Intervention

This study will involve you to respond to the set of questionnaire which will take around 15 minutes time to complete.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. Whether you choose to participate or not, all the health care services you receive will continue and nothing will change. You may choose to withdraw from participating at any time in the course of the interview.

Benefits

You will not be paid for participating in this study. However, your participation will help us understand our service delivery regarding STI/HIV and help us improve further.

Confidentiality

We assure you that all the information you provide will be kept strictly confidential and anonymous. It will be used to produce report by the researcher and in no way your name will be linked to the report or any information you provide.

Should you have any problems or further queries on this study, please contact Dr. Lungten Zangmo Wangchuk, Head, Research and Epidemiology Unit, Ministry of Health, Thimphu, Bhutan at telephone number 975-02-323737.

PART II: Certificate of Consent

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 to participate as a participant in this research.

Name of Participant _____

Signature of Participant _____

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.

Name of witness _____

AND

Thumb print of participant

Signature of witness _____

Date _____
Day/month/year



Statement by the researcher/person taking consent

I have accurately read out the information sheet to the participant and to the best of my ability made sure that the participant understands the above information.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant 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.

Name of Researcher/person taking the consent _____

Signature of Researcher /person taking the consent _____

Date _____
Day/month/year