



جامعة لوسيل
Lusail University
QATAR

Institutional Review Board (IRB) Committee

Approved in the University Council Meeting No. (10) on
12/11/2025

Form no. (2) Informed Consent Statement Form

Project Title:

(Insert your research title here)

Principal Investigator:

Name: _____

Affiliation: _____

Email: _____

Phone: _____

Introduction:

You are invited to take part in a research study about (briefly describe the purpose of your study). Before you decide whether to participate, please take time to read the following information carefully. You may ask any questions you wish to help you understand the study.

Purpose of the Study:

The purpose of this study is to (explain in simple terms what the study aims to achieve and why it is being conducted).

Procedures:

If you agree to participate, you will be asked to (describe what participants will do, how long it will take, where it will occur, etc.).

Risks and Discomforts:

There are no known risks beyond those of everyday life. However, some questions may make you feel uncomfortable. You may skip any question or withdraw at any time without any consequences.

Benefits:

Although there may be no direct benefit to you, your participation will help us better understand (state expected contributions of the study).

Confidentiality:

All information you provide will be kept confidential. Your responses will be anonymized and stored securely. Only the research team will have access to the data, which will be used solely for academic purposes.

Voluntary Participation:

Your participation is completely voluntary. You may refuse to participate or withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

Contact Information:

If you have any questions about this research, please contact:

Researcher: _____

Email: _____

Phone: _____

If you have any concerns about your rights as a participant, you may contact the Institutional Review Board (IRB) at:

IRB Office: _____

Email: _____

Phone: _____