**APPENDIX II\_A:**

**Adult Participant Debriefing and Volunteering Form (age of 18 and older)**

**N.B. We would like to provide you some information about the research before you decide whether to participate in the study or not.**

1**.** Research Title: .........................................................................................................................................

2. Information about the Researcher:

Name-Surname: Title:

Address: Phone:

Signature: Date:

3. Objective of the Research: ....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

4. With this form, you are invited to participate in the above-mentioned study.

5. Duration of the Research: ...............................

6. This research,

🞏 does not pose any risks to the participants.

🞏 involves the below-mentioned risks:

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

7. The following procedures will be conducted during the research:

 --------------------------------------------------------

 --------------------------------------------------------

🞏 Biological material(s) will not be used.

🞏 Biological material(s) will be used.

As a biological material, ………………………………………..……………………. sample will be collected from you within the scope of this research. .

The collected biological material will be used for ………………………………………………….. .

🞏 *The collected biological material(s) will not be stored.*

🞏 *The collected biological material(s) will be stored for a duration of* …………………………… *.*

*The reason(s) of storing the* ……………………………….. *sample collected from you is/are* ………………………………………………………………………………….. *.*

8. This study is being carried out within the scope of a scientific research.

9. The participation in the research does not pose any financial responsibilities on the participants.

10. It depends on you whether to participate or not in the research. You can withdraw from the research in any stage of the research process.

11. The researcher could decide that your participation in the research is no longer beneficial to the process and can terminate your participation in any stage of the research process.

12. All the personal data collected within the scope of this research will be kept confidential in all stages of the research.

13. At the end of the study, you can request the public information and results of the research from the researcher.

14. You are entitled to ask questions to the researcher regarding research questions and request answer for your questions.

**Participant’s Declaration:**

15. I have been informed about the above-mentioned research. I read and understand the relevant text on the matter.

16. I have not encountered any coercive behavior regarding my participation in the research.

17. I understand that if I choose not to participate in the study, it will not cause any harm to me.

18. I understand that I can contact the researcher if I have any questions after the completion of the research.

**I declare that I willingly agree to participate in the mentioned research, of my own accord, without any pressure or coercion, in a voluntary manner.**

**Volunteer/Participant** (or parent/guardian)

Name-Surname:

Address: Phone:

Signature: Date:

**Attestator/Witness** (if required)

Name-Surname:

Address: Phone:

Signature: Date: