

Magaca ka qeybgalaha: _____

Cinwaanka mashruuca: IMPACT

Nambarrada aqoonsiga ee ka qeybgalaha: _____

Mas'uul: _____

ID-ga dirasadda ka qeybgalaha: _____

Xiriir tel: _____

OGGOLAASHO

Haddii aad akhrisatay warqadda macluumaadka, aadna dooneysid in aad ka qeyb qaadatid dirasadda IMPACT, fadlan ka jawaab su'aalaha isla mar ahaantaasna saxiix foomkan.

1. Waan akhrisatay warqadda macluumaadka ee ku aaddan dirasadda, waana ka qaatay koobi aan heysanayo. Si buuxda ayaan macluumaadka u fahmay, fursadna waan u helay in aan su'aalo weydiyo. Haa

2. Waan fahamsanahay in ka qeybqaadashada dirasaddu aysan khasab ahayn iyo in aan xor u ahay in aan ka qeybqaadashada joojiyo goor kasta oo ay tahayba iyadoo aysan taasi saameyn ku yeelaneyn gacan qabashada xagga caafimaadka. Haa

3. In aan dirasaddan dhiig siiyo waan oggolahay. Haa

4. Waxaan shaqaalaha dirasadda siinayaa oggolaasho ay ku soo qaataan macluumaadka igu saabsan aniga iyo uurkeyga ee ku jira diiwaanka uurka. Sidaas oo kalana in ay eegaan keydkeyga macluumaadka caafimaadka ee dhalitaanka iyo daryeelidda hooyada iyo keydka macluumaadka caafimaadka ee canugga ee ku aaddan intii uu uurka lagu siday iyo natiijadi dhalitaanka kasoo baxday. Waxaa la ii damaanad qaaday in macluumaadkeyga iyo kan canuggeyga loo maareyn doono si sir ah. Haa

5. Waxaan oggolaasho ku bixinayaa in dhiiggeyga iyo macluumaadka la ururinayo ay u furnaadaan cilmi baarista mustaqbalka ee lagu doonayo in la sii saadaalin karo dhibaatooyinka ku imaan kara hooyada iyo canugga inta uurka lagu sido iyo marka la dhalayaba. Xitaa haddii natiijada uurka ka soo baxda lala xiriirin karo macluumaadka caafimaadka ee mustaqbalka ee ku jira diiwaanka qaranka ee caafimaadka. Taas waxaa shardi u ah in oggolaasho laga soo qaato guddiga anshaxa ee cilmi baarista. Haa

Saxiix, ka qeybqaate: _____

Taariikh: _____

Saxiix, macluumaad bixiye: _____

Taariikh: _____

Magaca macluumaad bixiyaha oo seddaxan: _____

Haddii foomkan la saxiixo ka dib marka uu turjumaan macluumaadka kuu sheego xitaa waa in qaybta hoose la buuxiyaa;

Declaration by interpreter

I (*name*) declare that:

- I assisted the investigator (*name*) to explain the information in this document to (*name of participant*) using the language medium of.....
- We encouraged her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all her question satisfactorily answered.

Signed at (*place*) on (*date*)

.....

Signature of interpreter

.....

Signature of witness