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**Principal Investigator:** \_\_\_\_\_  
\_\_\_\_\_ (Office Tel No.) \_\_\_\_\_ (Mobile Tel No.)  
\_\_\_\_\_ (Email)

**[IRB Reference Number: Title of Research Project]**

### **Participant Information Sheet**

#### ***Purpose***

[...]

*(This portion should clearly and accurately describe the investigational nature of this research study, and the purpose of this research in non-technical terms that are easily understandable to the layman.)*

#### ***Procedures***

[...]

*(This portion should explain the data collection methodology of this research study in non-technical terms that are clear to the layman.)*

#### ***Responsibilities***

If you agree to participate in this study, you should follow the advice given to you by the research team. You should be prepared to undergo all the procedures that are outlined above.

#### ***Risks***

[...]

*(This portion should describe to the participant all the reasonably foreseeable risks, discomforts and inconveniences to the participant, arising from the research.)*

#### ***Benefits***

*(Delete non-applicable paragraph.)*

You may reasonably expect to benefit from the participation in this study (*investigation / intervention*) in the following way: *(explain how participant might benefit)*

OR

There is no known benefit from participation in this study. However, your participation in this study may add to the (*medical / sport science*) knowledge about the use of this (*investigation / intervention*).

***Alternative to Participation (where applicable)***

*(Delete non-applicable paragraph.)*

There is no alternative procedure or treatment to the study procedures. You can choose not to take part in this study. The study procedures will not be carried out.

OR

The alternative procedure to this study is *(please indicate)*.

The benefits are: *(insert list of possible benefits of the alternative)*

And the risks are: *(insert list of possible benefits of the alternative)*

***Costs & Payments***

There is no cost to you for participating in this research study.

OR

You **will not** be reimbursed for your time, inconvenience and transportation costs.

OR

You will be reimbursed for your time, inconvenience and transportation costs as follows:

- If you complete the study, you will be paid *(insert amount)*.
- If you do not complete the study for any reason, you will be paid *(insert amount)* / will not be paid.

***Confidentiality***

[...]

*(Please state in this portion whether the data collected will be de-identified or not, and the method in which the data will be de-identified. If there is an intention to re-identify the data for other purposes such as servicing, and/or an intention to use identifiable data / biological material collected for future HBR research, please state it clearly in this portion as well. Should biological material be collected, please state whether a) the biological materials collected will be destroyed, discarded, or b) stored for future biomedical research.)*

Your participation in this study **will / will not** involve the collection, use and disclosure of **data / human tissues / human biological materials** in an individually identifiable form (or “Personal Data”). “Personal Data” refers to data about you, which makes you identifiable from (i) such data, and/or (ii) other information which we have or likely have access to.

All data collected will remain completely confidential and stored for a minimum of 7 years under lock and key and / or encrypted data storage with restricted access given only to the Principal Investigator, research team and SSI-IRB Secretariat. Data may be used in scientific reports in a manner that does not reveal your identity, unless your consent has been obtained in writing.

By signing the Informed Consent Form, you are authorizing (i) collection, access to, use and storage of your personal data, and (ii) disclosure to, and use and storage by, authorised service providers and relevant third parties, whether located in Singapore or overseas, for the purposes of this study or future research studies, *(and insert other purposes for which Institution or Company may wish to collect, use and disclose the data, e.g., other similar research studies conducted by the Institution or Company)*.

### ***Occurrence of Injury***

If you are physically injured as a result of taking part in this study, the SSI research team will follow standard first aid protocol and emergency evacuation to the nearest hospital, following the SSI Code Blue guidelines.

OR

If you are physically injured as a result of taking part in this study, Singapore Sport Institute will compensate the medical expenses for the treatment of that injury. You will be compensated the following amount *(amount not exceeding “insert amount”)*. There are however conditions and limitations to the extent of compensation provided: *(insert list of conditions and limitations, if any)*.

### ***Withdrawals***

Participation in this research study is purely voluntary, and you are free to withdraw from the study at any time, without penalty, prejudice, negative consequence, repercussion, or disadvantage. Your decision to withdraw from this study will be kept confidential. Upon withdrawal, all data obtained from you and associated with you will be erased and destroyed.