

INFORMED CONSENT FORM

Title of the research project: Gene Expression Patterns and Serum Levels of Aromatase Enzyme, NR5A1, and Leptin Hormone in Sudanese Women with Unexplained Infertility.

I have been well aware of this research undertaking is a Ph.D. in Reproductive Biology Sciences partial fulfillment research dissertation which is fully supported by Pan African University of Life and Earth Institute including Health and Agriculture (PAULESI), University of Ibadan- Nigeria, and the principal investigator for this research project is Abdullah Abdulslam Abdullah **MOHAMMED**.

I have been fully informed in the language I understand about the research project objectives these are to explore the risk factors of Unexplained infertility and the association between serum levels of Aromatase Enzyme, NR5A1, and Leptin Hormone in Sudanese Women with Unexplained Infertility. I have been informed that all the information, I shall provide to the interviewer will be kept confidential. I understood that this research has no risk and no compensation. I also knew that I have the right to withhold information, skip questions to answer, or to withdraw from the study at any time. I have aware that participation in this study is voluntary. It is also enlightened there would have no effect at all in my health benefit that gets from the health facility. I have assured that the right to ask information that is not clear about the research before and or during the research work and to contact the PI.

Principal Investigator's (PI) Name: Abdullah Abdulslam Abdullah **MOHAMMED**

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I have read this information sheet, or it has been read to me in the language I comprehend and understood the condition stated above, therefore, I am willing and confirm my participation by signing the consent.

Name of the participant_____

Agreed to participant in the study: YES/ NO

Signature_____

Name of witness signature_____ (Data collector, supervisor)

Signature_____ Date_____/_____/_____

Detailed contact information including a contact address, telephone, fax, e-mail, and any other contact information of researcher, institutional HREC, and head of the institution:

The study protocol and procedures were approved by the University of Ibadan/University College Hospital (UI/UCH) Ethics Committee (Ref. No; UI/EC/20/0438), and the Federal Ministry of Health Republic of Sudan (Ref. No; 4-12-20).