Annexure 5.3

Informed Consent Form
INSTITUTIONAL ETHICS COMMITTEE
HM PATEL CENTER FOR MEDICAL CARE AND EDUCATION, KARAMSAD

Study Title:

Study Number [if present]:

Participant's Initials: _____ Participant's Name: _____

Date of Birth / Age: _____

Please initial box

(i)	I confirm that I have read and understood the information sheet dated _____ for the above study and have had the opportunity to ask questions.	[ ]
(ii)	I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.	[ ]
(iii)	I understand that the investigators part of this project, the Ethics Committee and the regulatory authorities will not need my permission to look at my health/ academic records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published.	[ ]
(iv)	I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s)	[ ]
(v)	I agree to take part in the above study.	[ ]

Signature [or thumb impression] of the participant/ Legally Acceptable Representative:_____

Date: _____/_____/_____

Signatory's Name: _____

Signature of the Investigator: _____ Date: _____/_____/_____

Study Investigator's Name: _____

Signature of the Witness _____ Date:_____/_____/_____

Name of the Witness: _____

Title of project:

Proposals not in format would not be accepted. Kindly print on both sides of the page, Save Paper.