

Informed Consent Form
INSTITUTIONAL ETHICS COMMITTEE - 2
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.