

**Informed Consent/ Assent Form for Case Report [s]
 INSTITUTIONAL ETHICS COMMITTEE - 2
 HM PATEL CENTER FOR MEDICAL CARE AND EDUCATION, KARAMSAD**

Case Report Title: _____

Participant's Name: _____

Date of Birth / Age: _____

		Please initial box
(i)	I confirm that I have understood the information provided to me with regards to presentation/ publication of my/ my _____'s medical condition [s] for academic purposes and have had the opportunity to ask questions.	[]
(ii)	I agree/ disagree to present/ publish my/ my _____'s medical condition with/ without disclosure of my/ his/ her identity.	[]
(iii)	I agree/ disagree to present/ publish my/ my _____'s photographs for academic purposes with/ without disclosure of my/ his/ her identity.	[]
(iv)	I understand that my identity will not be revealed in any information released to third parties or published if I do not agree for disclosure of my identity. This shall have no effect on the medical care I am entitled to receive.	[]
(v)	I agree to be a part of the presentation/ publication of the said case report.	[]

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 [when applicable] _____ 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.*