



IEC, NDCH INFORMED CONSENT FORM

Study title:

Protocol number:

Participant initials:

Age:

Address:

Qualification:

Occupation:

Annual income:

Name and address of the nominees and relation to participant:

1. I have read the attached participant information sheet on (date)..... and I have been explained these details in my native language.
2. I have had the opportunity to ask questions and clarify doubts from the research team whose contact details have been provided to me in case any further need.
3. I have been given adequate time and opportunity to decide on my enrolment 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. I hereby state that my decision to participate in this study is free from coercion or undue inducements.
4. I understand that the sponsor of the clinical trial, others working on the sponsors' behalf, the ethics committee and the regulatory authorities will not need my permission to look at my health records collected for the purpose of this research
5. I have understood the possible risks and the benefits that might arise due to my enrolment.
6. I have been assured me that my privacy will be respected, and the data collected from me or my tissues will be kept confidential and will be shared only by members of the research team, ethics committee and regulatory authorities. No one else shall be privy to my details.
7. I have also understood that the researchers might want to present the findings from the study or publish them in a scientific periodical or submit reports to the concerned authorities. I have been assured that in such situations my privacy and confidentiality will not be compromised.
8. I have also been informed that if my photographs are taken for the purpose of research, all efforts will be made to keep my identity confidential.
9. I have also understood that one copy of the informed consent document and one copy of the participant information sheet (in my native language) can be kept by me for future reference.

Participant's Signature & Name
with date

PG/PI's Signature & Name
with date
PG/PI's contact details
Mobile number and/or email id

Participant's thumb impression (in case illiterate)
Independent witness signature, name with date