Annexure 4
Participant Informed Consent Form

Protocol Study number: _____

Patient identification number for this study: _____

Title of the project: _____

Name of Principal investigator: _____ Mobile No. _____

The contents of the information sheet dated_____ that was provided have been read carefully by me / explained in detail to me, in a language that I comprehend, and I have fully understood the contents. I confirm that I have had the opportunity to ask questions.
The nature and purpose of the study and its potential risks / benefits and expected duration of the study, and other relevant details of the study have been explained to me in detail. I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving any reason, without my medical care or legal right being affected.
I understand that the information collected about me from my participation in this research and sections of any of my medical notes may be looked at by responsible individuals from PIMS. I give permission for these individuals to have access to my records. I agree to take part in the above study.

---------- Place _____ Date:_____
(Signatures / Left Thumb Impression of Participant)

Name of Participant: _____Son/Daughter/spouse of: _____
Complete postal address: _____
Mobile no: _____

This is to certify that the above consent has been obtained in my/our presence.

_____Place:_____ Date:_____
Signatures of the Principal Investigator

1) Witness 1_____
Signature
Name:
Address:

2) Witness 2_____
Signature
Name:
Address:

NB: Three copies should be made, one each for (1) Patient (2) Researcher (3) Institution

(Investigators are advised to prepare the translation in simple understandable vernacular language & submit to IRC with protocol)