

INFORMED CONSENT (Sample Format)

Study Title:

Study Number:

Subject' Initials: _____ **Subject's Name:** _____

Date of Birth / Age: _____

(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 agree for all lab investigation and collection of biological samples required for my treatment and for the study.

(iv) I understand that the Sponsor of the Research study, others working on the Sponsor's behalf, the Ethics Committee and the regulatory authorities will not need my permission to look at my health 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. []

(v) 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) []

(vi) I agree to take part in the above study. []

Signature (or Thumb impression) of the Participant

Date: ____/____/____

Signatory's Name: _____

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

Study Investigator's Name: _____

Signature of the Witness _____

Date ____/____/____

Name of the Witness: _____

N.B: Any specific information of the research study pertinent to ethical issues should be informed to the study participant and mentioned in the informed consent form.