Informed Consent Form

I_____have read /have had read the participant information sheet version no. .....dated.....bearing page numbers 1-..... of the research study entitled .....

The information contained in the participant information sheet regarding the nature and purpose of the study, safety, and its potential risks / benefits and expected duration of the study, and other relevant details of the study including my role as a study participant have been explained to me in the language that I understand. I have had the opportunity to ask queries, which have been clarified to my satisfaction.

I understand that my participation is voluntary and that I have the right to withdraw from the study at any time without giving any reasons for the same. This will not affect my further medical care or any legal right.

I understand that the information collected about me during the research study will be kept confidential. The representatives of regulatory authorities/ethics committees may wish to examine my medical records/study related information at the study site to verify the information collected. By signing this document, I give permission to these individuals for having access to my records.

I hereby give my consent willingly to participate in this research study. I am informed that I will be/ will not be given any compensation/ reimbursement for participation in the study.

Name of the Study Participant OR Signature/Thumb impression of Study Participant with date

Name of the Principal Investigator/collaborator

(Witness of the consent procedure if the participants is illiterate)

I have witnessed the consent procedure of the study participant and the individual has had the opportunity to ask questions.

Name of the Witness Signature of Impartial witness with date

Name of the Person administering the Consent with date