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| **Consent Form** |
| ***This is an Informed Consent Form which attests your willingness to the following:*** |
| * I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am aware of the experience to be conducted

 on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[dd/mm/yy] in the medical facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the  purpose of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.* The Research is to conducted by Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is also the primary investigator

 in the project, and have been chosen as subject, or been allowed to participate in the project.* I am aware that I will not derive any gain [monetary or otherwise ] from this project or experiment. I am also

Aware of the procedures to be performed on me by Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and his term of Researchers. * I am also in the knowledge of the surgical and non-invasive procedures to be conducted on me. I consent to

the performance of any other non-standard procedure if the situation so demands.* I consent also to the disclosure of personal and identification details about myself and the experiment and its

Results to the following persons.1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The team of doctors headed by Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and working under the aegis of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are not to be held responsible in case of any Repercussions [please check the obverse of this form]. |
|  ***This consent form allows the participant to withdraw from the project at any time before or during it.***  |
| Signature Of Participant |  |
| Signature Of Investigator |  |
| Signature Of Witness  |  |
| Date: |  |