|  |  |
| --- | --- |
| **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: |  |