



**Dr. N. D. Desai Faculty of Medical Science and
Research, Dharmsinh Desai University, Nadiad**

Patient consent form (Gujarati/ Hindi/ English)

Title _____

Name of the participant: _____

Name of the Principal Investigator: _____

Name of the Institution: _____

Documentation of the informed consent

I,, have read the information in this form (or it has been read to me). I was free to ask any questions and they have been answered. I am over 18 years of age and, exercising my free power of choice, hereby give my consent to be included as a participant in

- (1) I have read and understood this consent form and the information provided to me.
- (2) I have had the consent document explained to me.
- (3) I have been explained about the nature of the study.
- (4) My rights and responsibilities have been explained to me by the investigator.
- (5) 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.
- (6) I agree to cooperate with the investigator and I will inform him/her immediately if I suffer unusual symptoms.
- (7) I am aware of the fact that I can opt out of the study at any time without having to give any reason and this will not affect my future treatment in the hospital.
- (8) I am also aware that the investigators may terminate my participation in the study at any time, for any reason, without my consent.



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(9) I hereby give permission to the investigators to release the information obtained from me as result of participation in this study to the ethics committee. I understand that they may inspect my original records.

(10) My identity will be kept confidential if my data are publicly presented.

(11) I have had my questions answered to my satisfaction.

(12) I have decided to be in the research study.

I am aware, that if I have any questions during this study, I should contact at one of the addresses listed above. By signing this consent form, I attest that the information given in this document. I will be given a copy of this consent document.

Participant's initials: _____

Name and signature / thumb impression of the participant (or legal representative if participant incompetent):

_____ (Name) _____ (Signature)

Date: _____ Time: _____

Name and signature of impartial witness (required for illiterate patients):

_____ (Name) _____ (Signature)

Date: _____ Time: _____

Address and contact number of the impartial witness: _____

Name and signature of the Investigator or his representative obtaining consent:

_____ (Name) _____ (Signature) _____ (Date)