

PATIENT'S INFORMATION  
(Please Stick Label)

## PROCESS OF OBTAINING INFORMED CONSENT FORM FROM RESEARCH PARTICIPANT (USE OF IMPARTIAL WITNESS)

Study Title	
Study Protocol Number	
Sponsor	
Patient Information Sheet and Informed Consent Form Version (PIS and ICF)	
Principal Investigator	
<b>A. Use of Impartial witness (subject illiterate and cannot read consent)</b> The study was explained to the subject by me with the following information and information in the PIS and ICF as well. As the subject was unable to read, impartial witness is present. The consent process, purpose, risks, benefits, subject's responsibility, right to withdraw at any time point, right to the confidentiality and also explain to subject he/she do not have to participate in this study to get access to the treatment and services for the disease or condition. Impartial witness confirmed that the subject was accurately explained, understood and voluntarily agreed to participate. The subject was given an ample time to consider prior to the participation.	
<b>B. Consenting</b> Language used to explain: _____ Any question: <input type="checkbox"/> All question answered. <input type="checkbox"/> No question raised Discussion with the family member prior to participation : <input type="checkbox"/> Yes <input type="checkbox"/> No Other family member available during the explanation : <input type="checkbox"/> Yes <input type="checkbox"/> No  Name: _____  Relationship: _____ <input type="checkbox"/> Consented <input type="checkbox"/> 1 Copy of PIS and ICF given to patient <input type="checkbox"/> 1 Copy filed in PMR <input type="checkbox"/> 1 copy in the Investigator Site File (ISF)	
<b>A. Recruitment</b> <input type="checkbox"/> Register and assigned subject with the study identification: _____ Investigation/Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Next appointment date: _____ <input type="checkbox"/> Contact number to call if experience any adverse event: _____ <input type="checkbox"/> Institut Jantung Negara Research Ethics Committee Number: _____	
Name and Signature of Investigator Obtaining Informed Consent	Date: _____ Time: _____
Name and Signature of Study Coordinator	Date: _____ Time: _____