

PATIENT'S INFORMATION
(Please Stick Label)

PROCESS OF OBTAINING INFORMED CONSENT FORM FROM RESEARCH PARTICIPANT (USE OF TRANSLATOR)

Study Title	
Study Protocol Number	
Sponsor	
Patient Information Sheet and Informed Consent Form Version (PIS and ICF)	
Principal Investigator	
A. Use of Translator (Investigator literate in English and unable to communicate with subject in local language) 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 preferred to use the translated informed consent form as reference, translator 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. The subject was given an ample time to consider prior to the participation. The subject understood the PIS and ICF and voluntarily agreed to participate in the research program.	
B. Consenting Language used to explain: _____ Any question raised: <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"/> Translator: 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)	
C. Recruitment <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: _____