INSTITUT JANTUNG NEGARA National Heart Institute

Form no.: HIM-PMR-R08

PATIENT'S INFORMATION (Please Stick Label)

RE-CONSENT PROCESS FOR RESEARCH PARTICIPANT

Study Title					
Study Protocol Number					
Sponsor					
Patient Information Sheet and Informed					
Consent Form Version (PIS and ICF)					
Principal Investigator					
A. Re-consent From Research Participant The new additional information explained to the subject by me with the following information as well, 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 continue participate in this study.					
			to the confidentiality and also explain to subject he/she do not have to continue participate in this study to get access to the treatment and services for the disease or condition.		
			to get access to the treatment and services	for the disease of condition	II.
The subject was given an ample time to consider to continue or not in participating in this research program. The subject understood the new additional information and voluntarily agreed to continue					
			participation in this research program.	additional information at	ta voluntarily agreed to continue
paraopanon ni uno roccanon programm					
B. Consenting					
Language used to explain:					
Any question: All question answered.	No guestion raised				
Discussion with the family member prior to	•	□ No			
Other family member available during the e	xplanation : □ Yes	□ No			
Name:		_			
Deletienskin					
Relationship:		_			
□ Consented					
□ 1 Copy of PIS and ICF given to patient□ 1 Copy filed in PMR					
□ 1 copy ined in 1 with					
1 copy in the investigator one rile (let)					
C. Recruitment					
Investigation/Procedure: □ Yes □ No					
□ Next appointment date:					
□ Contact number to call if experience any	adverse event:				
□ Institut Jantung Negara Research Ethics	Committee Number:				
Name and Signature of Investigator	Date:	Time:			
Obtaining Informed Consent					
Name and Cinneture of Charles Consulting	Deter	Ti			
Name and Signature of Study Coordinator	Date:	Time:			