

PATIENT'S INFORMATION
(Please Stick Label)

PROCESS OF OBTAINING CONSENT FROM RESEARCH PARTICIPANT AND LEGAL AUTHORIZES REPRESENTATIVE

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| Study Title | |
| Study Protocol Number | |
| Sponsor | |
| Patient Information Sheet and Informed Consent Form Version (PIS and ICF) | |
| Principal Investigator | |
| A. Obtain Consent From Subject and Legal Authorizes Representative <p>The study was explained to the subject and legal authorizes representative by me with the following information and information in the above PIS and ICF 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 participate in this study to get access to the treatment and services for the disease or condition.</p> <p>The subject and legal authorizes representative was given an ample time to consider /prior to the participation. The subject and legal authorizes representative understood the PIS and ICF and voluntarily agreed to participate in the research program.</p> | |
| B. Consenting <p>Language used to explain: _____</p> <p>Any question: <input type="checkbox"/> All question answered. <input type="checkbox"/> No question raised</p> <p>Discussion with the family member prior to participation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other family member available during the explanation : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name: _____</p> <p>Relationship: _____</p> <p><input type="checkbox"/> Consented</p> <p><input type="checkbox"/> 1 Copy of PIS and ICF given to patient</p> <p><input type="checkbox"/> 1 Copy filed in PMR</p> <p><input type="checkbox"/> 1 copy in the Investigator Site File (ISF)</p> | |
| A. Recruitment <p><input type="checkbox"/> Register and assigned subject with the study identification: _____</p> <p>Investigation/Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Next appointment date: _____</p> <p><input type="checkbox"/> Contact number to call if experience any adverse event: _____</p> <p><input type="checkbox"/> Institut Jantung Negara Research Ethics Committee Number: _____</p> | |
| Name and Signature of Investigator Obtaining Informed Consent | Date: _____ Time: _____ |
| Name and Signature of Study Coordinator | Date: _____ Time: _____ |