**Informed Consent Form (ICF)**

Protocol No.: ………………………..

Study title: ………………………………………………………………………………………

……………………………………………………………………………………………………..

Principal Investigator Name: …………………………………….

Subject’s Initials: …………………………………………………

Subject’s Name: …………………………………………………

Date of Birth / Age: ­­­ …………………………………………………

Address of the subject: …………………………………………………

Qualification: …………………………………………………

Occupation: Student / self- employed / service / Housewife / Other

(Please tick as appropriate)

Annual Income of Subject: …………………………………………………

Name of nominee: …………………………………………………

Relation to the subject: …………………………………………………

|  |  |  |
| --- | --- | --- |
| Sr |  | Please initial inbox  (Subject) |
| 1 | I confirm that I have read and understood the information sheet dated for the above study and have had the opportunity toask questions. | [] |
| 2 | I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. | [] |
| 3 | I understand that the study team member, Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access.  However, I understand that my identity will not be revealed inany information released to third parties or published. | [] |
| 4 | 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(s) | [] |
| 5 | I agree to take part in the above study. | [] |

|  |  |  |
| --- | --- | --- |
| Signature (or Thumb impression) of Subject  OR  LegallyAcceptable Representative (LAR) |  | Date: / / |
| Signatory’s Name |  |  |
| Signature of the Impartial Witness |  | Date: / / |
| Name of the Impartial Witness |  |  |
| Signature of the Investigator |  | Date: / / |
| Study Investigator’s Name |  |  |

*(On every Page of ICF- Version no XXXX dated XXXXX Page No )*