

Informed Consent Form (ICF)

- 1. Study number:** IEC (September 2023) #2
- 2. Principal Investigator:** Dr Anshu Bhardwaj
- 3. Name of the Institution:** CSIR-Institute of Microbial Technology, Sector-39A, Chandigarh-160036
- 4. Study title:** Unveiling the Impact of Sleep Deprivation on Comorbidities in the Population of Chandigarh with Emphasis on Awareness
- 5. Study duration:** One year
- 6. Sponsor of the study:** DST, Chandigarh
- 7. Name of the Participant(s):**

(i) The supervising researcher has given me a full explanation of the nature, purpose and likely duration of the study in the language best understood by me. The information sheet given to me is also in a language familiar to me. I have been given the opportunity to question all aspects of the research study and have understood the advice / information given. I voluntarily agree to cooperate fully with the supervising researcher. I am aware of the purpose and benefits of the study, the study procedure, associated possible risks, and compensation for participation and any study-related injury.

(ii) I understand that the researcher in-charge of this study may stop the study at any time, for any reason without my consent. I am also aware that my participation in this study is completely voluntary and I am aware of my right to opt out of the study at any time during the course of the study without having to give reasons for doing so.

(iii) I understand that my records will be treated confidentially, and my identity will not be revealed in any information to third parties or published. The Sponsor of the study, the Ethics committee and regulatory authorities will not need my permission to look at my records or data that are associated with my participation in the study, but will also treat it with utmost confidentiality. I give permission to the researcher in-charge of the study to communicate the results of the research (for scientific dissemination) without disclosing my identity. I understand that the samples collected will only be used for this study and not for any other future studies.

(iv) I hereby agree to take part in the study

Signature (or Thumb impression) of the Subject:

Date:

Signature of independent witness:

Date:

I confirm that I have explained the nature, purpose and possible hazards of the above study to Mr/Ms/Mrs.

Signature of the Investigator:

Date: