

PARTICIPANT INFORMED CONSENT FORM

Name of the Participant :

TU code :

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Participant unique Identification Number :

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Contact Number :

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Principal investigator:

Phone No:

I have read carefully and understood fully the contents of the study information sheet that was provided to me today i.e. /.../ in the language that i comprehend.

I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reasons, without my medical care or legal rights being affected.

I also understand that the information collected about me from my participation in this research and sections of any of medical notes may be looked at by responsible individuals. I agree to take part in the above study and give my consent to these individuals to access to my records.

.....
(Signature /left thumb impression)

Date:
Place:

Complete address:

This is to certify that the above consent has been obtained in my presence

.....
(Signature of the PI/Co-PI)

1. Witness -1

Signature:
Name:
Place:

2. Witness -2

Signature:
Name:
Place: