



INFORMED CONSENT FOR CLINICAL CASE STUDY (ADULT and CAPABLE)

To whom it may concern,

I, _____, _____ years old, married/single/widow, hereby consent to voluntarily participate and be the subject of the clinical case study of Group _____, eligible level _____ student nurses from the University of the Assumption College of Nursing and Pharmacy (UA CONP) for the _____ semester of the Academic Year _____. I was told everything about the purpose of this case study and my rights as a patient and a person. I also know that my personal information and other information related to the study such as my: i) basic personal information, ii) past and present medical and family history, iii) physical and neurological assessment including review of systems, iv) laboratory and diagnostic results, v) Course in the ward, medical and surgical management, and nurses progress notes, will be collected, processed, stored, and disposed of properly in accordance with the Data Privacy Act of 2012 (R.A. 10173) such as with regards to the digital data to be deleted after a year and the hard copy to be shredded after five years. I'm sure that the student nurses and everyone who wishes to learn will ensure that my identity stays hidden and that the information I give will be kept private and treated with the utmost care. My participation in this research study is entirely voluntary, and I can choose not to participate or withdraw from the study at any time without any obligation. I'm also well aware that there is no risk involved in participating in this study, and I won't get any kind of compensation for my participation. I also agree that this case study will be submitted to the Professional Education Training and Research Office and Nursing Education Training and Research Office at the Jose B. Lingad Memorial General Hospital and the UACONP and used for any other purpose required by law. If I have questions regarding my right as a participant and/or concerns that I feel I cannot discuss with the student nurses, I am aware that I can contact the UACONP through (045) 961-1482 Local 125.

In witness whereof, I here unto set my hand this _____ day of _____ 20____ at _____, in _____

In the presence of

Name and Signature (Witness)

Patient Signature or thumb mark over printed name

Student Nurse Name and Signature

Patient's Address and Contact Number

Interpreter



HAYAGANG PAGPAYAG SA KASONG PANGKLINIKAL NA PANANALIKSIK
(NASA HUSTONG GULANG AT MAY KAKAYAHAN)

Kung sino man ang may kinalaman,

Ako si _____, _____taong gulang, may-asawa/dalaga/binata/biyudo/biyuda ay sumasang-ayon sa aking kusang pakikilahok at maging paksa na naaayon sa pangklinikal na pananaliksik ng aking kondisyong pangmedikal ng grupong _____, mga estudyanteng nars na nagmula sa ika _____ na baitang mula sa University of the Assumption College of Nursing and Pharmacy (UACONP) sa _____ semestro taong akademiko _____. Ang aking karapatan bilang pasyente at bilang indibidwal ay lubos na naipaliwanag sa akin. Batid ko na ang aking personal na impormasyon at iba pang impormasyon na naayon sa pag-aaral tulad ng aking : i) basic personal information, ii) past and present medical and family history, iii) physical and neurological assessment including review of systems, iv) laboratory and diagnostic results, v) Course in the ward, medical and surgical management, and nurses progress notes ay kokolektahin, ipoproseso, itatago at buburahin alinsunod sa Data Privacy Act of 2012 (R.A. 10173) gaya ng pagtanggap sa digital na datos pagkatapos ng isang taon, samantalang pag shred sa physical na kopya pagkatapos ng limang taon. Ako ay nakasisiguro na ang mga estudyanteng nars at lahat ng mga taong nagnanais na matuto ay sisiguraduhin ang aking pagkakakilanlan ay mananatiling nakatago at ang mga impormasyon na aking ibibigay ay pananatiliing pribado at tatraturuhin nang may pag-iingat. Ang aking pakikilahok sa pag-aaral na ito ay ganap na boluntaryo, at ako ay may kakayahang pumili na huwag makilahok, itigil, o tanggihan ang pag-aaral sa anumang oras nang walang anumang obligasyon. Aking batid na walang sangkot na panganib ang aking pakikilahok sa pag-aaral na ito at hindi ako makatatanggap ng anumang uri ng kabayaran sa aking pakikilahok. Ako ay pumapayag din na ang pag-aaral na ito ay maisumite at maipresenta sa Professional Education Training and Research Office (PETRO) at Nursing Education Training and Research Office (NETRO) ng Jose B. Lingad Memorial General Hospital (JBLMGH) at sa UACONP at gamitin sa iba pang layunin na naaayon sa batas. Kung sakaling ako ay may mga katanungan patungkol sa aking mga karapatan at mga alalahanin na maaaring hindi ko maipaliwanag sa mga estudyanteng nars, ako ay pwedeng lumapit sa UACONP sa kaparaanang pagtawag sa (045) 961-1482 Local 125.

Bilang katunayang, ako ay lumalagda ngayong ika-_____ng _____ 20____, _____, dito
sa _____ (araw) (buwan) (taon) (oras)

Sa harap ni

_____	_____
Pangalan at Lagda ng Saksi	Lagda o marka ng hinlalaki ng pasyente o taong nagbibigay ng pahintulot sa itaas ng pangalan
_____	_____
Pangalan at Lagda ng Estudyante	Tirahan at Numero ng telepono ng nagbigay pahintulot/pasyente

Tagapagsalin sa ibang wika	



INFORMED CONSENT FOR CLINICAL CASE STUDY (MINOR and INCAPABLE)

To whom it may concern,

I, _____, _____ years old, married/single/widow, hereby give my consent in behalf of _____, which is my child, legal/common law husband, legal/common law wife, parent, next of kin, immediate relative to participate and be the subject of the clinical case study of Group _____, eligible level _____ student nurses from the University of the Assumption College of Nursing and Pharmacy (UA CONP) for the _____ semester of the Academic Year _____. Academic Year 2022-2023. I was told everything about the purpose of this case study and our rights as a relative and a person, as well as the rights of the patient was explained. I also know that our personal information and other information related to the study such our: : i) basic personal information, ii) past and present medical and family history, iii) physical and neurological assessment including review of systems, iv) laboratory and diagnostic results, v) Course in the ward, medical and surgical management, and nurses progress notes will be collected, processed, stored, and disposed of properly in accordance with the Data Privacy Act of 2012 (R.A. 10173) such as with regards to the digital data to be deleted after a year and the hard copy to be shredded after five years. I'm sure that the student nurses and everyone who wishes to learn will ensure that our identity stays hidden and that the information I give will be kept private and treated with the utmost care. Our participation in this research study is entirely voluntary, and we can choose not to take part or leave the study at any time without any obligations. I'm also well aware that there is no risk involved in our participation in this study and we won't get any kind of compensation for our participation. In behalf of the patient, we also agree that this case study will be submitted to the Professional Education Training and Research Office and Nursing Education Training and Research Office at the Jose B. Lingad Memorial General Hospital and the UA CONP, as well as be used for any other purpose required by law. In case we have questions regarding my right as a participant and/or concerns that arise which we feel I cannot discuss with the student nurses, I am aware that I can contact the UA CONP through (045) 961-1482 Local 125.

In witness whereof, I here unto set my hand this _____ day of _____ 20____ at _____, in _____

In the presence of

Name and Signature of Witness

Significant Other Signature or thumb mark over
printed name

Name and Signature of Student
Nurse

Address and Contact Number of the Significant
Other/Patient

Interpreter

Patient Signature or thumb mark over printed name



HAYAGANG PAGPAYAG SA KASONG PANGKLINIKAL NA PANANALIKSIK
(MENOR DE EDAD AT KULANG SA KAKAYAHAN)

Kung sino man ang may kinalaman,
Ako si _____, _____taong gulang, may-asawa/dalaga/binata/biyudo/biyuda ay sumasang-ayon sa kanyang ngalan na ilahok si _____, aking anak, legal/common na asawa, magulang, malapit na kamag-anak, legal na tagapag-alaga na maging paksa na naaayon sa pangklinikal na pananaliksik ng kanyan kondisyong pangmedikal ng grupong _____, mga estudyanteng nars na nagmula sa ika _____ na baitang mula sa University of the Assumption College of Nursing and Pharmacy (UACONP) sa _____ semestro taong akademiko _____. Ang aming karapatan bilang tagapagbigay pahintulot at bilang indibidwal ay lubos na naipaliwanag sa akin, kasama ng mga karapatan ng pasyente ay klarong naipaliwanag sa amin. Batid naming na ang aming personal na impormasyon at iba pang impormasyon na naayon sa pag-aaral tulad ng: : i) basic personal information, ii) past and present medical and family history, iii) physical and neurological assessment including review of systems, iv) laboratory and diagnostic results, v) Course in the ward, medical and surgical management, and nurses progress notes ay kokolektahin, ipoproseso, itatago at buburahin alinsunod sa Data Privacy Act of 2012 (R.A. 10173) gaya ng pagtanggap sa digital na datos pagkatapos ng isang taon, samantalang pag shred sa physical na kopya pagkatapos ng limang taon. Kami ay nakasisiguro na ang mga estudyanteng nars at lahat ng mga taong nagnanais na matuto ay sisiguraduhin ang aming pagkakakilanlan ay mananatiling nakatago at ang mga impormasyon na akin o aming ibibigay ay pananatiliing pribado at tatrathin nang may pag-iingat. Ang aming pakikilahok sa pag-aaral na ito ay ganap na boluntaryo, at sino man sa amin ay may kakayahang pumili na huwag makilahok, itigil, o tanggihan ang pag-aaral sa anumang oras nang walang anumang obligasyon. Aming batid na walang sangkot na panganib ang aming pakikilahok sa pag-aaral na ito at hindi kami makatatanggap ng anumang uri ng kabayaran sa aming pakikilahok. Ako ay pumapayag din sa nalan ng pasyente na ang pag-aaral na ito ay maisumite at maipresenta sa Professional Education Training and Research Office (PETRO) at Nursing Education Training and Research Office (NETRO) ng Jose B. Lingad Memorial General Hospital (JBLMGH) at sa UACONP at gamitin sa iba pang layunin na naaayon sa batas. Kung sakaling may mga katanungan patungkol sa aming mga karapatan at mga alalahanin na maaaring hindi ko maipaliwanag sa mga estudyanteng nars, ako ay pwedeng lumapit sa UACONP sa kaparaanang pagtawag sa (045) 961-1482 Local 125.

Bilang katunayang, ako ay lumalagda ngayong ika-_____ng _____ 20____, _____, dito
sa _____ (araw) (buwan) (taon) (oras)

Sa harap ni

Saksi

Pangalan at Lagda o marka ng **tanggapangalaga ng pasyente** o taong nagbibigay ng pahintulot sa ngalan ng pasyente

Pangalan at Lagda ng Estudyante

Tirahan at Numero ng telepono ng nagbigay pahintulot/pasyente



UNIVERSITY of the ASSUMPTION

Unisite Subdivision, Del Pilar, City of San Fernando, 2000 Pampanga, Philippines

Tagapagsalin sa ibang wika

Pangalan at Lagda o marka ng hinlalaki ng
pasyente na sumasang ayon makilahok