

Clinical Trial Concern Form

Project Name: GlucoVision

Patient Name: S. Chettiar
Age: 50

I understand that I am being invited to participate in a clinical trial for research and development purposes only. I acknowledge that I am not being compelled or forced to take part in this trial and that my participation is entirely voluntary.

I understand that the purpose of this clinical trial is to gather data and information that may contribute to the advancement of medical science, potentially benefiting future patients.

I acknowledge that I have been given ample time to consider my participation in this clinical trial and have had the opportunity to discuss it with my healthcare provider, family members, or other trusted individuals.

By signing below, I confirm that I have read and understood the information provided in this form and consent to participate in the clinical trial voluntarily.

Patient Signature: JZ

Date: 17/9/2024

Clinical Trial Concern Form

Project Name: **GlucoVision**

Patient Name: Samik Chakraborty
Age: 39 Year

I understand that I am being invited to participate in a clinical trial for research and development purposes only. I acknowledge that I am not being compelled or forced to take part in this trial and that my participation is entirely voluntary.

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By signing below, I confirm that I have read and understood the information provided in this form and consent to participate in the clinical trial voluntarily.

Patient Signature: Samik Chakraborty

Date: 16/4/24

Clinical Trial Concern Form

Project Name: **GlucoVision**

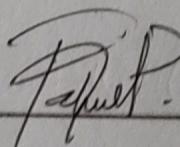
Patient Name: Rahul Paul
Age: 25

I understand that I am being invited to participate in a clinical trial for research and development purposes only. I acknowledge that I am not being compelled or forced to take part in this trial and that my participation is entirely voluntary.

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Patient Signature: 

Date: 16/04/2024

Clinical Trial Concern Form

Project Name: GlucoVision

Patient Name: Tanoglu Chakravarty
Age: 19

I understand that I am being invited to participate in a clinical trial for research and development purposes only. I acknowledge that I am not being compelled or forced to take part in this trial and that my participation is entirely voluntary.

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Patient Signature: Tanoglu Chakravarty
Date: 16/4/24

Clinical Trial Concern Form

Project Name: **GlucoVision**

Patient Name: Adreeja Mahato
Age: 20+

I understand that I am being invited to participate in a clinical trial for research and development purposes only. I acknowledge that I am not being compelled or forced to take part in this trial and that my participation is entirely voluntary.

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By signing below, I confirm that I have read and understood the information provided in this form and consent to participate in the clinical trial voluntarily.

Patient Signature: Adreeja Mahato

Date: 15/4/24

Clinical Trial Concern Form

Project Name: **GlucoVision**

Patient Name: Amit Das

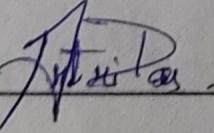
Age: 48+

I understand that I am being invited to participate in a clinical trial for research and development purposes only. I acknowledge that I am not being compelled or forced to take part in this trial and that my participation is entirely voluntary.

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Patient Signature: 

Date: 15-04-2024

Clinical Trial Concern Form

Project Name: **GlucoVision**

Patient Name: Dipjyoti Kodali

Age: 19+

I understand that I am being invited to participate in a clinical trial for research and development purposes only. I acknowledge that I am not being compelled or forced to take part in this trial and that my participation is entirely voluntary.

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By signing below, I confirm that I have read and understood the information provided in this form and consent to participate in the clinical trial voluntarily.

Patient Signature: Dipjyoti Kodali

Date: 15/04/2024

Clinical Trial Concern Form

Project Name: **GlucoVision**

Patient Name: Snehal Kar

Age: 19

I understand that I am being invited to participate in a clinical trial for research and development purposes only. I acknowledge that I am not being compelled or forced to take part in this trial and that my participation is entirely voluntary.

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By signing below, I confirm that I have read and understood the information provided in this form and consent to participate in the clinical trial voluntarily.

Patient Signature: Snehal Kar

Date: 15/04/2024