# Informed Consent for Web-based Patient Identification System using Iris Recognition

#### 1. Taking part in the study

I have read and understood the study information dated **April 11, 2024**, or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction.

I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason.

I understand that taking part in the study involves the collection and use of my personal information and images of my iris to serve as data for the said study.

#### 2. Use of the information in the study

I understand that information I provide will be used by the researchers for reports, publications, videos, websites, and other academic related outputs.

I understand that personal information collected about me that can identify me, such as my name or biometrics or address and contact information, will not be shared outside the campus.

## 3. Future use and reuse of the information by others

I give permission for the use of my personal information that I provide to be deposited in their system and for this study so it can be used for future research and learning.

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### 4. Signatures

I have accurately read out the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

Jugar.	April 06, 2024
Signature	Date
JAKKY -	April 06, 2024
Signature ( V ( V )	Date
Grove	April 06, 2024
Signature	Date
May	April 06, 2024
Signature	Date
	Signature  Signature  May