PATIENT INFORMED CONSENT FORM

Patient identification number for this trial: _____

Title of project:_____

_____

Name of Principal Investigator: _____Tel.No(s).____

The contents of the information sheet dated é é é é é é .. (version)é é é é é .. that was provided have been read carefully by me / explained in detail to me, in a language that I comprehend, and I have fully understood the contents. I confirm that I have had the opportunity to ask questions.

The nature and purpose of the study and its potential risks / benefits and expected duration of the study, and other relevant details of the study have been explained to me in detail. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal right being affected.

I understand that the information collected about me from my participation in this research and sections of any of my medical notes may be looked at by responsible individuals. I give permission for these individuals to have access to my records.

I agree to take part in the above study.

---------- Date:
(Signature / Left Thumb Impression) Place:

Name of the Participant: _____
Son / Daughter / Spouse of:_____
Complete postal address: _____

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

Signatures of the Principal Investigator Date:
Place:

1) Witness ï 1

Signatures

Name:

Address:

2) Witness ï 2

Signatures

Name:

Address:

NB Three copies should be made, for (1) patient, (2) researcher, (2) Institution