

## Informed Consent Form

(Note : Informed Consent form to be obtained from the subject persons who participate in the research study)

**Study Title/Project Title:**

**Study Reference Number:** \_\_\_\_\_

**Subject's Initials:** \_\_\_\_\_

**Subject's Name:** \_\_\_\_\_

**Date of Birth / Age:** \_\_\_\_\_

- (i) I confirm that I have read and understood the Participant Information Sheet dated \_\_\_\_\_ for the above study and have had the opportunity to ask questions.
- (ii) I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.
- (iii) I understand that *the Sponsor of the clinical trial, others working on the Sponsor's behalf (delete as appropriate)*, the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published.
- (iv) I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s).
- (v) I agree to take part in the above study.
- (vi) I am aware of the Audio-visual recording of the Informed Consent. (if applicable).

Signature (or Thumb impression) of the Subject/Legally Acceptable

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signatory's Name: \_\_\_\_\_

Signature:

OR

Representative: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signatory's Name: \_\_\_\_\_

Signature of the Investigator: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Study Investigator's Name: \_\_\_\_\_

Signature or thumb impression of the Witness: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name & Address of the Witness: \_\_\_\_\_