

**IGIMS,  
Sheikhpura, Patna**

**INFORMED CONSENT FORM FOR PATIENTS PARTICIPATING IN A CLINICAL STUDY**

**Study Title:** \_\_\_\_\_

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

**Patient's Name & Address:** \_\_\_\_\_

**Patient Number:** \_\_\_\_\_

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

Please initial box  
(Patient)

- |  |         |
|--|---------|
| 1. I confirm that i have read and understood the information provided dated_____ for the above study and have had the opportunity to ask questions.  | [     ] |
| 2. 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.   | [     ] |
| 3. I understand that in the clinical study others working on 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 study. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published. | [     ] |
| 4. I agree not to restrict the use of any data or results that arise from this study.  | [     ] |
| 5. I agree to take part in the above study.  | [     ] |

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date and Time of Signature

\_\_\_\_\_  
Name of Investigator (Doctor)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date and time Signature

(\* If a patient has limited ability to read and write, an impartial witness should preferably be present during the entire informed consent discussion and his/her legally acceptable representative should sign on patient's behalf). In these instances the patient places his/her left thumb impression in the place of the signature.

Patient's Legally Acceptable Representative's Statement:

☐ NA

I, as the patient's legally acceptable representative, was present during the consenting procedure and understand the preceding information describing this study. All of the questions regarding the study and the patient's participation in it have been answered to my satisfaction and that of the patient. I state that all aspects of the study were clearly presented during the consent procedure. The patient is willing to participate in the study and I sign below on his/her behalf testifying to this effect.

Name of the Patient: \_\_\_\_\_

Name of the Legally Acceptable Representative:

\_\_\_\_\_

Relationship to the Patient: \_\_\_\_\_

Signature of the Legally Acceptable Representative: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Witness Declaration of Patient's Informed Consent

☐ NA

By signing the consent form I attest that the information was accurately explained to and apparently understood by the patient and the legally acceptable representative ( if applicable) and that informed consent was freely given by the patient.

Date and Time \_\_\_\_\_

Signature \_\_\_\_\_

(Impartial Witness)

Name of the Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

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