INFORMED CONSENT DOCUMENT (ICD)- Template form (modify it based on your study need)

Subject Information Sheet

Study title:

Explain Study objective and overall description of this clinical research study. Risks or discomfort Associated with participation in this study. Benefits: This diagnostic test may aid in better treatment outcomes in a paragraph

Write a paragraph capturing Voluntary nature of participation & Confidentiality in your study.

Clinical Investigator :

Dr. Co-investigator: Dr.

Department :

Investigator Centre / Site : ASRAMS

Contact No. of Investigator :

INFORMED CONSENT FORM

Study Title:

Study Number:
Subject Name: _____ S/o,W/o,D/o_____
Subject's Initials: _____
Date of birth/Age: _____
Address of the subject:
Qualification:
Occupation: Student/Self employed / Service/ Housewife/ Others
Name & Address of the Nominee(s) and the relation to the subject: ----------
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1. I confirm that I have read and understood the subject information sheet for the above mentioned study and had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason without any medical care or legal rights being affected. ☐
3. I understand that the ethics committee will not need any permission to look at my health records both in respect of the present study or 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. ☐
4. I agree not to restrict the use of any data or result that arises from this study provided such a use is only for scientific purpose(s). ☐
5. I agree to take, allow access to my data in the study and received a copy of this consent form. ☐

Name of the subject	Signature /thumb impression Of the subject	Date (DD/MM/YYYY)
Name of the legally acceptable representative Or impartial witness	Signature of the legally acceptable representative/impartialwitness	Date
Name of the investigator	Signature of the investigator	Date (DD/MM/YYYY)