

INFORMED CONSENT FORM TO PARTICIPATE IN THE RESEARCH

SUBJECT INFORMATION SHEET TO PARTICIPATE IN THE STUDY

Title:

Protocol ID:

Study Site: Institute of Neurosciences Kolkata

Principal Investigator:

Participant ID: _____

Introduction

You are being invited to take part in a research study. Before you decide to take or not to take part in this study, it is important for you to understand why the research is being done and what it will involve. This information sheet and consent form provides you with essential information about this, so that you can make an informed decision about your participation. Please take time to read the following information carefully. Please ask your study doctor if there is anything that is not clear or if you would like more information.

Why is this study being done?

Study procedures

Study visits and approximate time you have to spent for participating in the research

How does this study benefit me?

Participation is voluntary

It is entirely up to you whether you take part or not. You may withdraw from the study at any time, for any reason without penalty or loss of benefits to which you are otherwise entitled. If you do not wish to take part in this study or later withdraw from it, this will not affect your future care or your relationship with your doctor in any way.

Compensation from study participation

Confidentiality

By taking part in this study, you consent that only the information that is necessary for the analysis and evaluation of the study will be collected by your investigator and his/her authorized representatives. The information will not identify you by name but by a number. If the results of the study are published, your identity will remain confidential. Only authorized representatives of the investigator and its designees, the Ethics Committee that approved this study will have direct access to your medical records. This is necessary to check that the study is being performed

correctly and that the information collected about you is accurate. All personnels accessing your records are required to respect your confidentiality at all times.

Contacts

If you have questions about the study, concerning the nature of the research or your rights as a research subject or you believe that you have sustained a research-related injury, you should contact your study doctor:

Name Study Doctor:

Telephone Number of Study Doctor:

Name and Contact details of Ethics Committee representative: Dr Gour Das (Member Secretary, Institutional Ethics Committee, Institute of Neurosciences Kolkata) 9831031544

Title:

Study Site: Institute of Neurosciences Kolkata

Principal Investigator:

Subject initials: _____

Subject's Name: _____

Subject Identification No.: _____

Date of birth (dd/mm/yy)/Age: _____

(i) I confirm that I have read and understood the above information sheet dated for the above study. I have reviewed this information with my doctor, who has satisfactorily answered all my 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 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.	

Signature of the Participant: _____

Date: ____/____/____ Time: _____

Signatory's Name: _____

Signature of the Legally Accepted Representative: _____

Date: ____/____/____ Time: _____

Signatory's Name: _____

This person had enough time to consider this information, had an opportunity to ask questions, and voluntarily agreed to participate in this study.

Printed Name of Person Explaining Consent: _____

Signature of Person Explaining Consent: _____

Date: ____/____/____ Time: _____

Signature of the Witness (if applicable): _____

Date: ____/____/____ Time: _____

Signatory's Name: _____