

CONSENT FORM

ANNALS OF INTERNATIONAL MEDICAL AND DENTAL RESEARCH

Online ISSN: 2395-2822; Print ISSN: 2395-2814

Title: _____

1. I acknowledge that the nature, purpose and contemplated effects of the project so far as it affects me, have been fully explained to my satisfaction by the research worker and my consent is given voluntarily.
2. The details of the procedure proposed have also been explained to me, including the anticipated period it will take, the frequency with which the procedure will be performed, and an indication of any discomfort, which may be experienced.
3. I understand that there are the following risks or possible discomfort:
 - [Mentioned by the subject]
4. Although I understand that the purpose of this research project is to improve the quality of medical care, it has also been explained that my involvement may not be of any benefit to me.
5. I have been given the opportunity to have a member of my family present while the project was explained to me.

CONSENT FORM

6. I am informed that no information regarding any medical history will be divulged and the results of any tests involving me will not be published so as to reveal my identity.

7. I understand that my involvement in the project will not affect my relationship with my medical advisers in their management of my health. I also understand that I am free to withdraw from the project at any stage and any of my data/specimens that have been collected. My withdrawal will not effect my legal rights, my medical care or my relationship with the hospital or my doctors.

8. I understand that I will be given a signed copy of this patient information sheet and consent form. I am not giving up my legal rights by signing this consent form.

9. I understand that the trial will be conducted as per existing private laws.

10. [if applicable] I would like my family physician to be informed about my participation in this trial.

Name of family physician

Name of participant

Signature of participant

Date

ANNALS OF INTERNATIONAL MEDICAL AND DENTAL RESEARCH

CONSENT FORM

The following section regarding the witness is not essential but may be appropriate for patients where the research teams feel that the participant should have a witness to the consent procedure or where the protocol insists upon witnesses.

Name of witness (if appropriate)

Signature of witness

Date

10. I have explained this project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

Name of investigator

Signature of investigator

Date

ANNALS OF INTERNATIONAL MEDICAL AND DENTAL RESEARCH