

INFORMATION SHEET FOR THOSE WHO PLAN TO PARTICIPATE IN THE RESEARCH PROJECT

NAME OF THE RESEARCH PROJECT: _____

We welcome you and thank you for having accepted our request to consider whether you can participate in our study. This sheet contains the details of the study; the possible risks, discomfort and benefits for the participants are also given.

You can read and understand by yourself; if you wish, we are ready to read and explain the same to you.

If you do not understand anything or if you want any more details we are ready to provide the details.

Information to the participants:

What is the purpose of the study?

Who / where this study is being conducted?

This study is being conducted by _____ a Post Graduate medical student belonging to _____ department under the guidance of _____.

Why I am being considered as one of the participant?

Because

Should I definitely have to take part in this study?

No. If you do not wish to participate you will not be included in this study. Also you will continue to get the medical treatment without any prejudice.

If I am participating in this study, what are my responsibilities?

You may have to follow some simple rules.

These are:

Are there any benefits for me / public?

Yes. _____

Will there be any discomfort / risks to me?

No risks. But some discomforts may be there like giving few mls of blood for investigation, undergoing some medical examinations.

Will I be paid for the study?

No. you will not be paid.

Will my participating in this study, my personal details will be kept confidentially?

Yes, confidentiality will be maintained.

Will I be informed of this study's results and findings?

Yes, if you want you can get the details from us.

Can I withdraw from this study at any time during the study period?

Yes. You can withdraw at any time during the study period.

**MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE
PUDUCHERRY**

**FORM FOR GETTING INFORMED CONSENT FOR THOSE PARTICIPATING IN THE
RESEARCH PROJECT**

Name of the Research Project _____

I _____ have been informed about the details of the study in own language.

I have understood the details about the study.

I know the possible risks and benefits for me, by taking part in the study.

I understand that I can withdraw from the study at any point of time and even then, I will continue to get the medical treatment as usual.

I understand that I will not get any payment for taking part in this study.

I will not object if the results of this study is getting published in any medical journals, provided my personal identity is not reviewed.

I know what I am suppose to do by taking part in this study and I assure that I will give my full co-operation for this study.

Signature/Thumb impression of the participant
(Name/Address)

Signature/Thumb impression of the witness (Name/Address)

Name & Signature of the investigator

