



INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES
SHEIKHPURA, PATNA - 800014

PARTICIPANT INFORMED CONSENT FORM (PICF)

Participant identification number for this trial: _____

Title of Project: _____

Name of Principal Investigator: ____ _ Tel.No(s). _____

The contents of the information sheet dated that was provided have been read carefully by me / explained in detail to me, in a language that I comprehend, and I have fully understood the contents. I confirm that I have had the opportunity to ask questions.

The nature and purpose of the study and its potential risks / benefits and expected duration of the study, and other relevant details of the study have been explained to me in detail. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal right being affected.

I understand that the information collected about me from my participation in this research and sections of any of my medical notes may be looked at by responsible individuals from IGIMS. I give permission for these individuals to have access to my records.

I agree to take part in the above study.

(Signatures / Left Thumb Impression)

Name of the Participant: _____

Son / Daughter / Spouse of: _____

Complete postal address: _____

Date:
Place:

This is to certify that the above consent has been obtained in my presence.

Signatures of the Principal Investigator

Date:
Place:

1) Witness – 1

2) Witness – 2

Signatures

Signatures

Name:

Name:

Address:

Address:

NB Three copies should be made, for (1) patient, (2) researcher, (2) Institution

(Students are requested to prepare the translation in simple understandable Hindi on their own.)