

PARTICIPANT CONSENT FORM

Title of the project:

Participant's Name, Sex, Age:

Participant's Address:

The details of the study have been provided to me in writing and have been explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my participation /my ward's participation in the study is voluntary and that I /my ward am /is free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. 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). I have been given an information sheet giving details of the study. I fully consent to participate /allow my ward to participate in the above study. I also consent / do not consent to use my stored biological samples for future scientific purposes if applicable.

Signature of the Legally Admissible Representative if participant is below 18yrs of age
Date: _____

Signature of Participant if aged above 10 yrs
Date: : _____

Signature of the Witness
Date : _____

Signature of the Investigator
Date: : _____

