

PART II: Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this research.

Name of Participant _____

Signature of Participant or guardian (in case of unconscious patient) _____

Date _____

Day/month/year

If illiterate

A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb-print as well.

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness _____

Thumb print of participant or guardian (in case of unconscious patient)

Signature of witness _____

Date _____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. The participant will be observed in the postoperative period till discharge from the hospital.
2. Daily assessment of vitals, input and output will be done.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. (A copy of this ICF has been provided to the participant.)

Name of Researcher/person taking the consent: **Dr. Nishant Kumar Malviya**

Signature of Researcher /person taking the consent: _____

Date _____

