

INFORMED CONSENT FORM

Project title: Staging Of Chronic Pancreatitis: Role of Clinical Parameters and Biomarkers

Name of the Research Subject: _____

Age of the Research Subject: _____

I have read the subject Information Sheet and its contents were explained. I had the opportunity to ask questions and received satisfactory answers.

I understand that my participation in the study is voluntary and that I have the right to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

I agree to take part in the above study. I confirm that I have received a copy of the subject information sheet along with this signed and dated informed consent form.

Signature of the research subject

Date

Name of the research subject

Signature & the name of the witness

Date

Signature of the person explaining the consent

Date

Name of the person explaining the consent

Date


9/12/16
(first author)