

INFORMED CONSENT FORM

(TOPIC)

Study No: Care Report: Tenopir induced thrombocytopenia

Study Site: Global Health City, Chennai

I confirm that I have read and understood the information as provided in the information sheet for the above study and have had the opportunity to ask questions.

I understand that the Principal investigator or his team member or members of the Ethics Committee will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published.

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 agree to take part in the above study.

Dr. Subash Chandra Bose

Signature (or Thumb impression) of the Patient/Legally Acceptable Representative:

Date: 02/02/2017

Signatory's Name: Dr. Subash Chandra Bose

Signature of the Investigator: Dr. Jay Varma

Date:    /    /   

Investigator's Name:   

Signature of the witness:    Date:    /    /   

Name of the Witness: