

Informed Patient Consent

26/07/2022

To,

The Editor

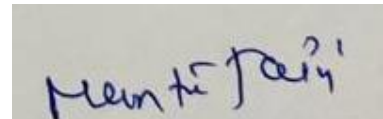
World Journal of Orthopaedics

Dear Sir

I, Mantu Jain the corresponding author of the manuscript titled “**Histological differences in ligamentum flavum between degenerative lumbar canal stenosis and non-stenotic group: A prospective, comparative study**” declare that consent was taken from all patients undergoing the study. One of the consent pages is attached below for reference

Thanking you

Yours sincerely

A rectangular box containing a handwritten signature in blue ink. The signature appears to read 'Mantu Jain'.

PARTICIPANT INFORMED CONSENT FORM (PICF)

Participant identification number for this study: 20204395

Title of Project: The study will help to understand the qualitative and semi-quantitative differences in the structure of ligamentum flavum in patients with LSS vs non LSS and help to understand the role in etiopathogenesis of LSS.

Name of Principal Investigator: Dr. Mantu Jain

Tel.No(s) : 09438884156

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 AIIMS, Bhubaneswar. 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)

Date:

Place:

Name of the Participant: _____

Son / Daughter / Spouse of: _____

Complete postal address: _____

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 & address:

Name & address

3/03
DR SONIL DASH
DR ANIL