INFORMED CONSENT FORM

Subject identification number for this trial _____

Title of the Project:

"Hypoperfusion context in septic shock patients and its effect on outcome- a comparative observational study"

Name of the Principal Investigator: Dr. Sahil Kataria. Telephone Number : 9910700323

I have received the information sheet on the above study and have read and / or understood the written information.
I have been given the chance to discuss the study and ask questions.
I consent to take part in the study and I am aware that my participation is voluntary.
I understand that I may withdraw at any time without this affecting my future care.
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 persons (ethics committee members / regulatory authorities). I give access to these individuals to have access to my records.
I understand I will receive a copy of the patient information sheet and the informed consent form.

_____ _____
Signature / Thumb Impression of subject Date of signature

_____
Printed name of the subject in capitals

_____ _____
Signature / Thumb Impression of legally accepted representative Date of signature

<<The legally acceptable representative signature should be added if the subject is unable to sign for themselves. The relationship between the subject and the legally acceptable representative should be stated. The impartial witness signature should be added if the subject / legally acceptable representative is unable to read or write and consent should be obtained in his presence>>

_____
Printed name of legally acceptable representative in capitals