

**NATIONAL INSTITUTE OF CARDIOVASCULAR DISEASES,  
RAFIQUI (H.J) SHAHEED ROAD, KARACHI, PAKISTAN.  
INFORMED CONSENT**

<b>Research Description</b>	
<i>Title of the Study</i>	<b>Comparative Assessment of Clinical Profile and Outcomes after Primary Percutaneous Coronary Intervention in Young Patients with Single versus Multivessel Disease</b>
<i>Name of the Investigator</i>	<b>Atif Sher Muhammad</b>
<i>Name of Organization</i>	<b>National Institute of Cardiovascular Diseases (NICVD)</b>
<b>Purpose of the study</b>	
We are conducting this study to compare the clinical profile and outcomes after the primary percutaneous coronary intervention (PCI) in young patients with single-vessel disease (SVD) versus multivessel disease (MVD).	
<b>Confidentiality</b>	
Your data will be accessible to the authorized persons only. Further that your personalized information, such as name, address, CNIC, passport, or hospital recorded / registration number etc., will NOT be disclosed during the dissemination / publication of study finding.	
<b>Right to Refuse to Participate and Withdrawal</b>	
Participation in this research study is voluntary and you may refuse to participate without any loss of benefits, which you are entitled. You have full right to withdraw anytime during the study.	
<b>For Further Information</b>	
For further details about the research study and the rights of the participants, please contact Name: <b>Atif Sher Muhammad</b> Contact No.: <b>+923008962761</b>	

**UNDERTAKING:** I have read this consent form and fully understood it. I volunteer to participate in this research study. I give consent for publication of the data acquired in study whilst maintaining anonymity. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable Federal/Provincial laws.

  
Participant/Father/Guardians Signatures

  
Doctor Name and Signature