

INFORMED CONSENT FORM

Subject identification number for this trial _____

Title of the Project:

“A study of bedside ultrasonography of optic nerve sheath diameter for detection of raised intracranial pressure in nontraumatic neurocritically ill patients in a tertiary hospital.”

Name of the Principal Investigator: Dr.Madhura Bhide Tel. No 9769326870

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 Date of signature accepted representative

<<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

Relationship of legally accepted representative to subject in capitals

Signature of the person conducting the
consent discussion

Date of Signature informed

Printed name of the person conducting the
Informed consent discussion in capitals

Date of signature

Signature of impartial witness

Printed name of the impartial witness in capitals

Copy of the duly filled Informed Consent Form shall be handed over to the subject or his/her attendant.