

PARTICIPANT INFORMED CONSENT FORM (PICF for patients)

Protocol/study number:

Patient identification number for this trial:

Title of project: Functional analysis of susceptibility genes of IBD.

Name of principal investigator: Dr.Jaishree Paul Tel. no. +9868047466

Coinvestigator: Dr.VineetAhuja Tel. no. +9868397206

The contents of the information sheet dated _____ version _____ 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. I give permission for these individuals to have access to my records.

I agree to take part in the above study.

Signature /left thumb impression

Date:
Place:

Name of the participant: _____
Son/ daughter/spouse of: _____
Complete postal address: _____

This is to certify that the above consent have been obtained in my presence.

Signature of the principal investigator

Date:
Place:

1) witness-1

2) witness-2

Signature
Name:
Address:

Signature
Name:
Address:

Nb: three copies should be made for (1) patient, (2) researcher (3) institution