

CONSENT FORM

I.....D/oW/o.....Age.....Cr.No.....do hereby give my consent for participation in the study entitled: "TO STUDY THE LEVELS OF ESTRADIOL, ~~PROGESTERONE~~ AND NITRIC ~~OXIDE~~ IN POSTMENOPAUSAL FEMALES WITH HYPOTHYROIDISM" conducted by Dr. Deepika Dalal, PG student Biochemistry, Pt. B. D. Sharma P.G.I.M.S, Rohtak under the guidance of Dr. Kiran Dahiya, Professor, Biochemistry, Pt. B. D. Sharma P.G.I.M.S, Rohtak.

I have clearly been explained to my full understanding the nature of the study. I also understand that refusal of my participation in the study will not interfere with the treatment being provided to me.

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Signature/Thumb impression

(Patient)

Name:

Date:

Place:

.....

Signature/Thumb impression

(Witness)

Signature

(Principle investigator)