

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)