PATIENT CONSENT FORM

Name of the patient: Abdul Motalib Age: 52years. ID: 00284 Date: 20/12/2020

Name of the hospital Doctor: 250 Bed Chattogram General Hospital

Title of the Research: **Effect of Famotidine over the c recovery of COVID19.**

- The purpose of this research project: the Investigators/authors are conducting research related to COVID-19; to evaluate the treatment efficacy of FAMOTIDINE. Your contribution to this project is going to assist clinicians for a better understanding, and treatment of COVID-19.
- Procedure: Upon your consent, the written form of data and laboratory data will be collected and follow-up throughout the entire treatment procedures.
- Possible advantages: You will not gain any financial benefit from this research, rather improvement of levels related to diagnosis and treatment for such patients.
- Possible risks: there might be some potential risk to the participant like drug adverse effect or hypersensitivity reaction.
- Confidentiality of records: All the documents containing names or any other identification will be kept confidential. No identities will be released or published.
- The cost to the subject: no cost will be there to the participants in this project.
- Payment for participation: no financial benefits will be given for participation.
- Refusal: My participation in this research in completely voluntary. Therefore I am authorized to withdraw participation on my will.
- Signature of consent: I agree upon my free will that, I may be a participant in this research project. I have received an identical signed copy of the current document.

a) Name and NID of Participant: …1492665625826

b) Signature of the Participant/Guardian: