PARTICIPANT/LAR INFORMED CONSENT FORM (PICF)

Protocol / Study number: [redacted]

Participant identification number for this trial: [redacted]

Title of project: "Thromboelastography-guided blood product transfusion in cirrhosis patients with acute variceal bleeding: a Randomized Controlled Trial".

Name of Principal Investigator: Dr Shalimar, Phone number- 09868397211

The contents of the information sheet dated [redacted]hat 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.

[redacted]

Date: 14.12.2020

Place: DELHI

(Signatures / Left Thumb Impression)

Name of the Participant [redacted]

Son / Daughter / Spouse of: [redacted]

Complete postal address: [redacted]

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

Shalimar

Signatures of the Principal Investigator

Date: 14.12.2020

Place: DELHI

1) Witness – 1

[redacted]

Signatures

Name [redacted]

Address: [redacted]

2) Witness – 2

[redacted]

Signatures

[redacted]

Address:

[redacted]