ANNEXURE 1

Informed Consent Form

Title of study- **"Plasma Levels of Soluble Receptor for Advanced Glycation End-Products (sRAGE) are correlated with Coronary Artery Disease in Post- Menopausal Non-Diabetic Women".**

Name of the patient:- …….

Name of the principle investigator:- ……..

Name of the institute:- ……

Documentation of the informed consent

I, ……..have read the information in this form (or it has been read to me).I was free to ask any questions and they have been answered. I am over 18 years of age and exercising my free power of choice, hereby give my consent to be included as a participant in the study titled "EFFECT OF PROTON PUMP INHIBITORS ON ANTIPLATELET FUNCTION OF CLOPIDOGREL IN CORONARY ARTERY DISEASE PATIENTS".

1. I have read and understood this consent form and the information provided to me.
2. I have had the consent document explained to me.
3. I have been explained about the nature of the study.
4. My rights and responsibilities have been explained to me by the investigator.
5. I have informed the investigator of all the treatments i am taking or have taken in the past ……..months/years including alternate treatments.
6. I agree to co-operate with the investigator.
7. I have not participated in any research study with in past ……months.

8. I am aware of the fact that I can opt out of any time without having to give any reason and this will not affect my future treatment in the hospital.
9. I am also aware that the investigators may terminate my participation in the study at any time, for any reason, without my consent.
10. I hereby give permission to the investigators to release the information obtained from me as a result of participation in this study to the sponsors, regulatory authorities, Government agencies and ethics committee. I understand that may inspect my original records.
11. My identity will be kept confidential if my data are publicly presented.
12. I have had my questions answered to my satisfaction and have decided to be in the research study.

I am aware, that if I have any questions during this study, I should contact at one of the addresses listed above. By signing this consent form, I attest that the information given in this document has been clearly explained to me and apparently understood by me. I will be given a copy of this consent form.

Name and signature/thumb impression of participant/legal representative

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Date: ……. Time: ……

Address & contact no of impartial witness Name & signature of investigator

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……. .....

……. …… ……

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Date: …….

Date: ……