

# **Consent Form**

**Title:** Treatment of Hepatitis C infection in Salmaniya Medical Complex.

**Investigators:** Maheeba Abdulla, Mohamed Baqer.

**Contact phone number:** 17 288888, Ext 7509 or 7500.

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned, or information not included, please ask. Take the time to read this carefully and to understand any accompanying information. You will receive a copy of this form.

## **Background:**

Hepatitis C virus (HCV) is considered one of the infections affecting the liver and leading to chronic infection, chronic liver disease and ultimately to hepatocellular carcinoma.

This study is based on getting the charts of adult patients infected with hepatitis C virus attended gastroenterology clinic in SMC and check their characteristics and treatment response.

All patients with HCV who are 14 years and older being followed in outpatient department are included in the study. All the information is gathered from the patient's medical file.

## **What is the purpose of the study?**

To assess the magnitude of HCV in Bahrain and assess the treatment response.

## **What would I have to do?**

None, all required information for this research is taken from your medical file. The information would include demographic data, clinical data including laboratory investigations and therapies provided.

## **Will I benefit if I take part?**

Yes, this will provide an idea about the treatment response in patients with HCV in Bahrain. The information we get from this study may help us to provide better treatments options in the future for patients treated with HCV.

**DO I have to participate?**

Participation is voluntary and you can decline from participation in the study by simply not to sign the consent form. Note that withdrawal from this study will not jeopardize your health care at SMC.

**What else does my participation involve?**

None.

**Will I be paid for participating, or do I have to pay for anything?**

Participation in this study is at NO cost to you.

**Will my records be kept private?**

All individual-level results will be kept private. Electronic data will be stored on a password-protected computer.


**If I suffer a research-related injury, will I be compensated?**

No compensation will be provided to you by SMC. You still have your legal rights. Nothing said in this consent form alters your right to seek damages.

## SIGNATURES

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time without jeopardizing your health care. If you have further questions concerning matters related to this research, please contact:

Dr Maheeba Abdulla: 17288888, ext 7509 or 7500

|  |                    |
|--|--------------------|
|  | 11/12/2017         |
| Participant's Name   | Signature and Date |
| Maheeba Abdulla  | Maheeba 11/12/2017 |
| Investigator/Delegate's Name   | Signature and Date |
| Nafesa Mohammed  | Nafesa 11/12/2017  |
| Witness' Name  | Signature and Date |

A signed copy of this consent form has been given to you to keep for your records and