

GL-48

BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE

Department of Research in Medical Biotechnology

Raisen By-Pass Road, Bhopal- 462038

INFORMED CONSENT

I/(LAR),

the undersigned Mathura Prasad S/o, D/o, W/o Kushwaha Bai
Age/sex 45/M with my free will and consent agree to participate in the project entitled "Biomarker
based assisted prognosis of gliomas : a pilot study." as a study.

I have been informed that this project is for the study of gliomas, as I may suffer from (in case of subject)). I have been told about objectives of this project and have been informed that these are to develop a better approach for diagnosis and treatment. I will willingly be a part of these studies and any tests that will be done for follow up. I have been explained and have understood the necessity and the nature of all the investigative procedures. I also understand that the diagnosed profile of my tissue sample generated will help in further understanding the state of brain tissue.

I understand that tests will be performed with 1cm of tissue sample and 5ml of blood that will be taken thrice from the routine clinical procedure being performed. I have been told that I do not have to spend any money to participate in this project. I understand that if I have any questions about the study the investigating physician will clarify the same to my satisfaction. I understand that during the project, without informing any reason I can withdraw my participation in this project.

I hereby state that I am aware of all issues involved and give my consent to the investigator(s) associated with this study to release information obtained as a result of my participation in this study to any scientific forum for the betterment of understanding the state of human gliomas and that my identity will not be revealed and privacy and confidentiality will be maintained. During the study, if some results are of some benefit to the participants, the same will be conveyed to them by the physician. Thus having fully understood the procedure and implications of the above study, I agree to participate in the same.

To become a part of this project, I hereby sign and confirm the following:

- I have read all the information in this informed consent form and I have had adequate time to think about it.
- All my questions have been answered to my satisfaction.
- I voluntarily agree to participate in this project, to follow the necessary procedures and to provide necessary information to the investigators.
- I understand that I can freely choose to stop being a part of this study at any time.

Mathura Prasad
Patient/ Subject /

Signature of Subject/

22/3/14
Date

Legal Authorized Representative

Legal Authorized Representative

Date

(LAR) Dr. Nitin Garg

Dr. Nitin Garg
Witness's Signature

22/3/14
Date

Witness's name

Signature of Physician

Date

Dr. NITIN GARG
Name of Investigator

Signature of Physician

22/3/14
Date

Name of Investigator

Date