

## **Consent Form**

### **Title of Proposed Study**

Identification and Characterization of Gastric Cancer Biomarkers in *Helicobacter pylori* infected Patients

### **Description of how confidentiality of the data will be assured**

The investigators explain the study to each patient and informed written consent will be obtained to participate in this research and their clinical data will be collected during interview using a questionnaire after endoscopic evaluation. Moreover, patients will also be required to give informed consent to the study for analysis and publication of their anonymous clinical data. And confidential information of each patient will be maintained.

I confirm that I have read the consent form or it has been read to me and have understood to it. All my questions have been answered to my satisfaction. I agree to take part in the above study

Name of Participant:

Signatures of Participant:

Date:

Name of Researcher:

Signature of Researcher:

Date: