CONSENT BY RESEARCH SUBJECT

Details of Research Study

Protocol Title:

"Homeostasis of AGE-RAGE axis and Adipokines in Diabetic Mellitus with associated Coronary Artery Disease Risk"

Principal Investigator:

Dr. Pradeep Kumar Dabla,

Professor, Department of Biochemistry,

G.B.Pant Institute of Postgraduate Medical Education & Research, Associated to MAMC, New Delhi

Subject's Particulars

Name: NRIC No.:

Address:

Sex: Female/Male Date of birth _____

Part I – to be filled by patient

I, _____**agree / do not agree** to participate in the research study as described and, on the terms, set out in the Patient Information Sheet. The nature of my participation in the proposed research study has been explained to me_____ by Dr/Mr/Ms _____ (Language / Dialect) _____Name of healthcare worker)

I have fully discussed and understood the purpose and procedures of this study. I have been given the Patient Information Sheet and the opportunity to ask questions about this study and have received satisfactory answers and information.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reasons and without my medical care being affected.

I also give permission for information in my medical records to be used for research. In any event of publication, I understand that this information will not bear my name or other identifiers and that due care will be taken to preserve the confidentiality of this information.

[Signature/Thumbprint (Right / Left) of patient] (Date of signing)

Part II – to be filled by parent / legal guardian, where applicable

I, _____ hereby give consent for the above patient to participate in the

(parent / legal guardian)
proposed research study. The nature, risks and benefits of the study have been explained clearly to me and I fully understand them.

[Signature/Thumbprint (Right / Left) of parent /legal guardian]

[Date of signing]

Part III – to be filled witness, where applicable

An impartial witness should be present during the entire informed consent discussion if a subject or the subject's legally acceptable representative is unable to read. After the written informed consent form and any written information to be provided to subjects, is read and explained to the subject or the subject's legally acceptable representative, and after the subject or the subject's legally representative has orally consented to the subject's participation in the study and, if capable of doing so, has signed and personally dated the consent form, the witness should sign and personally date the consent form.

Witnessed by:
(Name of witness) (Designation of witness)
(Signature of witness) (Date of signing)

1.5.1 Part IV–Investigator's Statement

I, the undersigned, certify to the best of my knowledge that the patient/patient's legally acceptable representative signing this informed consent form had the study fully explained and clearly understands the nature, risks and benefits of his/her / his ward's / her ward's participation in the study.

Name of Investigator

Signature

Date