

# Informed Consent (For the legally authorized representative)

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ID No.

Name:

Age:

Sex:

Son/daughter/ward of

Address:

Phone No.

**Title of project: Reproducibility of diaphragm thickness measurements by ultrasonography in patients on mechanical ventilation**

**Name of Candidate: Dr.Ashesh Dhungana**

**Tel.No: 9953586175**

**Name of Chief Guide: Prof Dr. G C Khilnani**

**Tel. No: 9810353696**

I, the undersigned \_\_\_\_\_, on behalf of my patient \_\_\_\_\_ accept to take part in this study titled 'Reproducibility of diaphragm thickness measurements by ultrasonography in patients on mechanical ventilation'.

I have been given a full explanation by the supervising doctor of the nature, purpose and the duration of the study. I have been advised about any foreseeable risks associated with the study. A copy of the study participation information document has also been given to me.

I have been given the opportunity to question the attending doctor on all aspects of the study and have understood the advice and information given as a result.

After consultations I agree to co-operate with Dr Ashesh Dhungana and if necessary with all the nominated members of his team.

I have noted that if I wish, I may discontinue my participation in this study at any time. This will have no effect on the quality of the subsequent care to my kin. The identity of my kin will not be disclosed at any time and the data related to him/her will be handled with utmost confidence.

\_\_\_\_\_  
**Signature or left-thumb impression of the participant's kin**

Relation to the patient:

Date

I confirm that I have explained the nature, purpose and possible risks of the above study to the participant.

\_\_\_\_\_  
**Signature of the investigator/Name**

Date

**Witness – 1**

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Signatures

Name:

Address:

**Witness – 2**

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Signatures

Name:

Address:

