INFORMED CONSENT FORM

TITLE OF THE PROPOSED STUDY:

"To estimate the prevalence of hsCRP levels in acute ischemic stroke and subtypes"

Name of the Patient……

Age/Sex……

Registration no……

INFORMED CONSENT

(Permission to participate in research)

1. I have been fully informed about the procedure to be conducted in this study and I authorize Dr. Ish Anand and the team for doing this work on me.

2. I confirm that *I have read and understood the information sheet* for the above study and have had the opportunity to ask questions.

3. I understand that *my participation in the study is voluntary and that I am free to withdraw at any time*, without giving any reason, without my medical care or legal rights being affected.

4. *I agree not to restrict the use of any data* or results that arise from this study provided such a use is only for scientific purposes.

5. I understand *that my treatment will not be affected if I refuse to participate*. I have been informed that I can discontinue my participation at any time.

6. *My identity will be kept confidential*. I agree that I will not demand any limits on the use of the findings of the study.

7. I authorize access to my medical records as explained in this information and consent form.

8. I give my ***free*** and ***full consent*** to participate in this study.

- **Patient'sname:**…….. Signature……
  Date: ……. Place: …….

- **Witness's/Relative'sname**…… Signature……
  Date: ……. Place: …….

- **Principal Investigator-cum-Guide**
  Dr. Ish Anand Signature……
  Date: …… Place: …….

- **Thesis Scholar-cum-Co-investigator**
  Dr. Davinder Singh Rana Signature……
  Date: ……. Place: …….

- **Co-investigator-cum-Co-guide**
  1. Dr. (Col) P.K Sethi Signature……
     Date: ……. Place: …….

  2. Dr. Anuradha Batra Signature……
     Date: …….. Place: …….

  3. Dr. Seema Bhargava Signature……
     Date: …… Place: ……

If this consent process has been done in a language other than that on this written form with the assistance of a translator, indicate;

Language…….

Translator's name …… Signature……

Date: ……. Place: …….