

INFORMATION SHEET AND INFORMED CONSENT FORM

MODEL INFORMED CONSENT FORM IN ENGLISH

Department of _____ ,

Tribhuvan University Institute of Medicine, Kathmandu, Nepal,

Study Title:

Study Number: Subject's Initials: _____

Subject's Name: _____

Date of Birth / Age: _____

Please do initial in box (Subject)

(i) I confirm that I have read and understood the information sheet and consent form dated ____ for the above study and have had the opportunity to ask questions. []

(ii) 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.

(iii) I understand that the researchers and the IRB and other regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published. []

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 purpose(s) []

(v) I agree to take part in the above study. []

Signature (or Thumb impression) of the Subject/Legal Guardian:

Date: ____/____/____ Signatory's Name: ____/____/____

Signature of the Investigator: _____ Date: _____

_____/_____/_____ Study Investigator's Name: _____

_____ Signature of the Witness

_____ Date: ____/____/____

Name of the Witness: _____
