

CONSENT FORM

Name of the patient:.....Investigators name:.....

Name of the Sponsor.....

Name of the Institution.....

I, the undersigned, Miss/Mrs.....

D/o. or W/o.....aged.....

Resident of.....

Exercising my free power of choice, hereby give my consent to be included as a subject in the study entitled “.....” to see the infection for which I have been diagnosed to be suffering from. I have been informed to my satisfaction by my attending doctor / Medical Social Worker the purpose of my enrolment in the study.

I have read the information sheet provided to me and I have also been given full explanation by the supervising doctor / Medical Social Worker about the nature and purpose of the investigative procedures being undertaken. I have been given the freedom to question the attending doctor /MSW on all aspects of the study.

Hereby give consent to the doctors in-charge of the study to release the information obtained as a result of my participation in this study to any scientific forum for the betterment of understanding about infection as deemed fit by the sponsor of this study. However, privacy and confidentiality will be maintained. I will retain the right to abstain from further participation in the research at any time. I have been explained and have understood the necessity and the nature of all the investigative procedures.

Thus, having fully understood the procedure and implication of the above study, I agree to participate in the same.

Signature of the patient:.....Date:.....

I confirm that I have explained the nature and purpose of the above study to

Signature of Investigator.....Date.....

Witness: