

Annexure - 6

PARTICIPANT INFORMED CONSENT FORM (PICF)

IHEC Proposal S.No.: _____ Date: _____

Title of the project:

Name of the Principal Investigator:

Mobile No.:

The contents of the information sheet dated _____ that was provided have been read carefully by me / explained in detail to me, in a language that I comprehend, and I have fully understood the contents. I confirm that I have had the opportunity to ask questions.

The nature and purpose of the study and its potential risks / benefits and expected duration of the study, and other relevant details of the study have been explained to me in detail. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal right being affected.

I understand that the information collected about me from my participation in this research and sections of any of my medical notes may be looked at by responsible individuals from CARE. I give permission for these individuals to have access to my records.

I agree to take part in the above study.

Date:

Place:

(Signatures /Left Thumb Impression)

Name of the Participant: _____

Son / Daughter / Spouse of: _____

Complete Postal Address: _____

This is to certify that the above consent has been obtained in my presence.

Date:

Place:

Signature of the principal Investigator

1. Witness – 1

2. Witness – 2

Signature

Name & Address

Signature

Name & Address

Note 1: Three copies should be made, for (a) Participant, (b) Researcher, (c) Institution
2: Submit the modified participants informed consent as per the study proposal
3: Investigators are advised to prepare the translation in simple understandable Tamil on their own