

## Annexure - 6a

### Consent form (for participants less than 18 years of age)

#### Parent/ Legally accepted representative(LAR)

Participant's name:

Address:

Parent/LAR's name:

**Title of the project:**

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The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my child's/ward's participation in the study is voluntary and that I am free to withdraw my child/ward at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. 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). I have been given an information sheet giving details of the study. I fully consent for the participation of my child/ward in the above study.

Assent of child/ward obtained (for participants 7 to 18 years of age)

Signature of parent/LAR: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the investigator: \_\_\_\_\_ Date: \_\_\_\_\_