

## **Consent Form**

### **For adult patients who can read/write:**

1.The nature and purpose of the study project has been explained to me. I understand it, and agree to take part.

2.I understand that I may not benefit from taking part in the study.

3.I understand that, while information gained during the study may be published, I will not be identified and my personal results will remain confidential.

4.I understand that I can withdraw from the study at any stage and that this will not affect my medical care, now or in the future.

5.I have had the opportunity to discuss taking part in this investigation with a family member or friend.

6.I understand that my information will automatically be kept in the database unless I inform the Principal Investigator that I wish for it to be removed.

I have read the foregoing information. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I voluntarily give consent to participate and be recruited for this research.

Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

**For guardians (who can read/write) of patients below 18 years or those who are unfit to give consent**

I have read the foregoing information. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I voluntarily give consent for the participation of my child / relative to participate in this research.

Name of Guardian \_\_\_\_\_

Relation with the Patient \_\_\_\_\_

Signature of Guardian \_\_\_\_\_

Date \_\_\_\_\_

**For adult patients OR guardians who cannot read/write:**

I have witnessed the accurate reading of the consent form to the potential participant / guardian of potential participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness \_\_\_\_\_ **AND** Rt Thumb print of Patient

Signature of witness \_\_\_\_\_ OR Guardian

Date \_\_\_\_\_

**Statement by the researcher/person taking consent**

I have accurately read out all the information listed to the potential participant, and to the best of my ability made sure that the participant understands that the above mentioned will be done.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this form has been provided to the participant.

Name of Researcher taking the consent \_\_\_\_\_

Signature of Researcher taking the  
consent \_\_\_\_\_

Date \_\_\_\_\_