



**Consent form (for participants less than 18 years of age)  
Parent / Legally Authorized Representative (LAR)**

Chennai Fertility Centre and Research Institute

IHEC Ref. No. (For office use): \_\_\_\_\_

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 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: \_\_\_\_\_

Note: Three copies should be made, for (1) Participant, (2) Researcher, (3) Institution.

(Investigators are advised to prepare the translation in simple understandable in Tamil language).