



(Annexure 30)

Participant Informed Consent Form (PICF)

Chennai Fertility Centre and Research Institute

IHEC Ref. No. (For office use): _____

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 anytime, without giving any reason, without my medical career 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 CFC & RI. 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:

[The literate witness selected by the participant must sign the informed consent form. The witness should not have any relationship with the research team; if the participant doesn't want to disclose his / her participation details to others, in view of respecting the wishes of the participant, he / she can be allowed to waive from the witness procedure (This is applicable to literate participant only). This should be documented by the study staff by getting signature from the prospective participant].

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

 (Signature of the Principal Investigator)

Date:

Place:

1. Witness-1

2. Witness -2

Signature
Name & Address

Signature
Name & Address