



## IEC, NDCH INFORMED CONSENT FORM

1. I, \_\_\_\_\_, age \_\_\_\_\_, resident of \_\_\_\_\_, have been explained the details of this study titled “\_\_\_\_\_” being conducted by Dr. (name of the principal investigator or postgraduate student) (if postgraduate student then add under the guidance of Dr. *guide name here*).
2. I have been explained these details in my native language. I have understood the possible risks and the benefits that might arise due to my enrolment. I have been given adequate time to decide on my enrolment and have been given time and opportunity to ask clarifications from Dr.\_\_\_\_\_.
3. Dr. \_\_\_\_\_ has provided me his contact details and I understand that I can contact him/her any time for further clarifications about the protocol.
4. I hereby state that my decision to participate in this study is free from coercion or undue inducements.
5. I have read the attached participant information sheet.
6. I have also been explained that if I refuse right from the beginning, my healthcare rights will not be affected in anyway.
7. I also understand that I have the right to withdraw at any point of time before study completion, without this decision compromising my rights as a patient of Narayana Dental College & Hospital.
8. Dr.\_\_\_\_\_ (name of the PI or PG) has assured me that my privacy will be respected and the data collected from me or my tissues will be kept confidential and will be shared only by members of the research team, ethics committee and regulatory authorities. No one else shall be privy to my details.
9. I have also understood that the researchers might want to present the findings from the study or publish them in a scientific periodical or submit reports to the concerned authorities. I have been assured that in such situations my privacy and confidentiality will not be compromised.
10. I have also been informed that my photographs will be taken. I hereby give consent for my photographs to be taken for the purpose of this study only, and with the assurance that all efforts will be made to keep my identity confidential.
11. I have also understood that one copy of the informed consent document and one copy of the participant information sheet (in my native language) can be kept by me for future reference.

Participant’s Signature & Name  
with date

PG/PI’s Signature & Name  
with date  
PG/PI’s contact details  
Mobile number and/or email id

Participant’s thumb impression (in case illiterate)  
Independent witness signature, name with date