AN8-V1/KSSSCISOP 03/V1

Consent Form (English)

Study Title_____

of Participant_____

_____

Qualification_____

Occupation: Student/self-employed/service/housewife/other (please tick as appropriate) Annual income of participants_____

Name and address of nominee(s) and his relation to participants_____

_____

1. I confirm that I have read and understood the information document dated _____for the above study and have had the opportunity to ask questions.

   OR I have been explained the nature of the study by the Investigator and had the opportunity to ask questions.

2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.

3. I understand that the sponsor of the clinical trial/study, others working on the Sponsor's behalf, the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the study/ trial. However, I understand that my Identity will not be revealed in any information released to third parties or published.

4. 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).

5. I permit the use of stored sample (tissue/blood) for future research. **Yes☐** **No☐**

6. I agree to take part in the above study.

Signature (or Thumb impression) of the Participants/Legally Acceptable Representative:

_____

Signatory's Name_____Date_____

Signature of the Investigator_____Date_____

Signature of the Witness_____Date_____ Name of theWitness

Received a signed copy of Participant Information Document and Consent Form.

Signature (or Thumb impression) of the Participant/Legally Acceptable Representative:

_____ Date_____