PARTICIPANT INFORMATION SHEET (PIS)*

Principal Investigator:

Telephone number:

Title of the Study/Project summary/statement describing the aim of the study, which you will describe to the subject/patient:

You have been invited to take part in a study that will help establish the cause of ……..

If you agree to participate, the expected duration of your stay in the laboratory will be about ……

Prerequisite for the test ……

All techniques used in the study are non-invasive and safe.

The records of the study will be kept confidential to protect your privacy.

No discomfort or injury is expected at any point in the study.

You will be free to withdraw from the study at any stage.

Researchers will bear all the costs of the tests.

Your signature on the consent form means that you understand the information given to you about the study. If you sign the form, it means that you agree to join the study.

You will be provided a copy of this information sheet to keep with your records.

For any further information, please contact the following:

Name of the investigators with working contact numbers

*** Minor modifications can be made as per the requirements of the research proposal**

PARTICIPANT CONSENT FORM*

I, Mr. / Ms. _____ am exercising my free power of choice by giving my consent to be included as a Participant in a project "_____", being investigated by _____ (PI) of Department of _____, North-Eastern Hill University, Shillong.

I have been explained the details of the research study entitled _____ in a language that I am comfortable with. I have read the patient information sheet carefully, and all my queries regarding the study have been answered. I hereby agree, of my own will, to participate in this study.

I understand that I shall be required to contribute a maximum of _____ of my blood to the investigation, which shall be drawn by fully trained paramedics/doctors in accordance with best medical practices. I also understand that I shall be required to provide some medically and otherwise relevant information for this investigation, which shall be kept confidential and used only for the purposes of the study. I might also be required to undergo a routine clinical examination/investigation.

I have been informed, to my satisfaction, by the researcher(s) and/or the investigator(s) about the purpose, follow-up, and nature of the study, including the clinical examination/investigation. I understand that I might again be contacted by the team for follow-up on the study. I am fully aware of my right to opt out of the study at any time without providing any reasons.

Date:

Name and Signature of the Investigator **Name and Signature of the Participant**

Name and Signature of the Witness

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