BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE, PILANI-333031, RAJASTHAN

INSTITUTIONAL HUMAN ETHICS COMMITTEE

Consent Form for Participation in a Research Study

- **Study Title:**
  You are invited to participate in a research study conducted by .....

  The purpose of this research is to understand the.....

- **Protection of confidentiality**
  We will do everything we can, to protect your privacy.

  Your participation will involve answering some basic questions e.g...

  a) Do you agree to participate in the current study?

  b) Are you currently suffering from ..... disease?

  c) How long have you been diagnosed for..... disease?

  d) Are you suffering from any other diseases/disorders specially including diabetes, hypertension or any other cardiovascular diseases?

  e) Are you currently under any medications to treat the disorders (kidney disease, diabetes, hypertension or any other cardiovascular diseases)?

  f) Are you giving consent to access your standard lab data for the confirmation of .....disease?

  You are free to not to answer those questions that you would not like to reveal. Your identity will not be disclose in any case

- **Risks and discomforts**

  There are no known risks associated with this research.

- **Potential benefits**

- **Reimbursements**

- **Voluntary participation**

- **Sharing the Results**

- **<u>If illiterate</u>**
  A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb-print as well.

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE, PILANI-333031, RAJASTHAN

INSTITUTIONAL HUMAN ETHICS COMMITTEE

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness_____ AND Thumb print of participant

Signature of witness _____

Date _____

- **Day/month/year**

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

- 1. Participants 5 minutes' time will be taken for sample collection.
- 2. Participants have to provide urine samples that will be collected in standard collection container as will be supplied through the funding received through the proposed study.
- 3. No other involvement is necessary and the participant does not requiring to come back for a follow up for the study.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

a. A copy of this ICF has been provided to the participant.

b. Print Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date: Signature PI:_____

- **Contact information**

  If you have any questions or concerns about this study or if any problems arise, please contact Dr. .....or email him at .....

I have read this consent form and have been given the opportunity to ask questions. I give my consent to participate in this study.

- Participant's signature_____Date:_____