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**Informed Consent Form**

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Full Title of Project:

Name of Principal Investigator:

**Please initial  
box**

1. I confirm that I have read and understand the participant information for the above study. I have had the opportunity to consider the information, ask questions and have had these answered fully.
2. I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.
3. I understand that sections of my medical notes and data collected during the study may be looked at by responsible individuals from the AJK Medical College, Muzaffarabad, from regulatory authorities or from this hospital, where it is relevant to my taking part in this research. I give permission for these individuals to access my records.
4. I agree to take part in the above study.

Name of Participant

Name of Person taking consent

Principal Investigator

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The participant is unable to sign. As a witness, I confirm that all the information about the study was given and the participant consented to taking part.

Name of Impartial Witness

Signature

Date

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