

Consent Form for Research

(This consent form is required for *in-person data collection* while for *online data collection*, this informed consent will be on the first page of the Google form)

Study Title _____

Research Overview

Invitation to participate: _____

Name of Principal investigator: _____

Study Description (max. word count of 150): _____

Method of Participation (declare if any procedure or measurement is required, or it is questionnaire-based or it's an interview): _____

Study Benefits: _____

Associated Risks or discomforts: _____

Consent Declaration (Please indicate the appropriate box by checking it)

1	<i>Study Acknowledgement:</i> I confirm that I have carefully read and comprehended all the information and feel satisfied with the study procedures and protocols.	<input type="checkbox"/>
2	<i>Policy:</i> I understand that this study underwent formal review by L-ORIC CMH LMC & IOD and the study complies with the institutional policy on research ethics which is formulated in accordance with international ethical standards and the Declaration of Helsinki https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/	<input type="checkbox"/>
3	<i>Privacy Assurance:</i> I understand that my personal information will be confidential and used only for research purposes.	<input type="checkbox"/>
4	<i>Compensation:</i> I understand that as a participant in this study, I will not receive any monetary compensation or reward.	<input type="checkbox"/>
5	<i>Study Outcome:</i> I acknowledge that the study findings will be utilized for publication and I give consent to the use of my contribution for publication purposes.	<input type="checkbox"/>
6	<i>Participation Agreement:</i> I am willing to participate in this study, though I can refuse or discontinue at any time in the study, but, before the result compilation Time (to be filled by Principal Investigator).	<input type="checkbox"/>

Date _____ Study Participant's Name _____ Study Participant's Sign* _____
 Date _____ Principal Investigator's Name _____ Principal Investigator's Sign* _____

*For online data collection the sign can be skipped.