

**OSERVATIONAL STUDIES IN COVID SUSPECT/CONFIRMED CASES USING
INTEGRATED DATABASE IN A TERTIARY CARE CENTRE
INFORMED CONSENT FOR ADULT PATIENTS**

Study Number:

Subject's Name:

Date of Birth / Age:

Subject's Initials:

- i. I confirm that I have read and understood the information sheet dated _____ for the COVID database and have had the opportunity to ask questions. []
- ii. I understand that my/ my relative's participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. []
- iii. I understand that the Christian Medical College Ethics Committee, the research funding organisation 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 trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published. []
- iv. 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). []
- v. I agree for the use of the stored blood/ tissue / other biological specimen for further studies. I understand that this may not be helpful in the treatment of me/ my relative but may be helpful to patients in the future. []
- vi. I am aware of the Audio-visual recording of the Informed Consent. []
- vii. I agree to take part in the above study. []

Signature (or Thumb impression) of participant

Date: ____/____/____

Signatory's Name: _____

Signature:



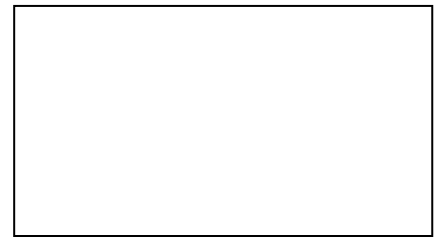
OR

Signature (or Thumb impression) of the legally acceptable representative

Date: ____/____/____

Signatory's Name: _____

Signature:



Signature of the Investigator: _____

Date: ____/____/____

Study Investigator's Name: _____

Signature or thumb impression of the Witness:

Date: ____/____/____

Signature:

Name & Address of the Witness:

