

PARTICIPANT INFORMED CONSENT FORM (PICF)

Protocol / Study number : _____

Participant identification number for this trial: _____

Title of project: **Evaluation of cystinosis by estimation of leukocyte cystine**

Name of Principal Investigator: **Prof. Arvind Bagga**

Tel.No(s).011-26583472; 9810590809

The contents of the information sheet dated _____ that was provided have been read carefully by me / explained in detail to me, in a language that I comprehend, and I have fully understood the contents. I confirm that I have had the opportunity to ask questions.

The nature and purpose of the study and its potential risks / benefits and expected duration of the study, and other relevant details of the study have been explained to me in detail. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal right being affected.

I understand that the information collected about me from my participation in this research and sections of any of my medical notes may be looked at by responsible individuals from AIIMS. I give permission for these individuals to have access to my records.

I agree to take part in the above study.

(Signatures / Left Thumb Impression)

Date:
Place:

Name of the Participant: _____

Son / Daughter / Spouse of: _____

Complete postal address: _____

This is to certify that the above consent has been obtained in my presence.

Signatures of the Principal Investigator

Date:
Place:

1) Witness – 1

2) Witness – 2

Signatures

Signatures

Name:

Name:

Address:

Address: