

Annexure II

INFORMED PARENTAL/LAR CONSENT FORM

Protocol / Study number : _____

Participant identification number for this trial: _____

Title of project: Infectious and genetic triggers in children with hemolytic uremic syndrome

Name of Principal Investigator: Dr. Aditi Sinha

Prof. Arvind Bagga

Dr. Pratibha Kale

The contents of the information sheet dated _____ that was provided have been read carefully by me and 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 the participation of my child is voluntary and that I am free to withdraw his/her participation at any time, without giving any reason, without his/her medical care or legal right being affected.

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

I agree for the participation of my child in the above study.

Date:

(Signatures / Left Thumb Impression)

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: