

CONSENT BY PATIENT FOR CLINICAL RESEARCH

Version No.: 01

Version Date: 11th JULY 2022

I, (Name of Patient)
Identity Card No.....Of.....
.....(Address)

hereby agree to take part in the clinical research specified below:

Title of Study:

ACCELERATED RECOVERY FOLLOWING OPIOID-FREE ANAESTHESIA IN SUPRATENTORIAL CRANIOTOMY

The nature and purpose of which has been explained to me by

Dr(Name & Designation of Doctor)

and interpreted by(Name & Designation of Interpreter) to the best of his/her ability in language/dialect.

I have been told about the nature of the clinical research in terms of methodology, possible adverse effects and complications (as per participant information sheet). After knowing and understanding all the possible advantages and disadvantages of this clinical research, I voluntarily consent on my own free will to participate in the clinical research specified above.

I understand that I can withdraw from this clinical research at any time without assigning any reason whatsoever and in such a situation shall not be denied the benefits of usual treatment by the attending doctors.

Date: Signature or Thumbprint
(Patient)

IN THE PRESENCE OF

Name

Identity Card No.

Designation

.....
Signature
(Witness for Signature of Patient)

I confirm that I have explained to the patient the nature and purpose of the above-mentioned clinical research.

Date Signature
(Attending Doctor)

**CONSENT BY PATIENT
FOR
CLINICAL RESEARCH**

R.N.
Name
Sex
Age
Unit