EFFECT OF REPETITIVE BIHEMISPHERIC ANODAL TRANSCRANIAL DIRECT CURRENT STIMULATION ON MOTOR FUNCTION OF PATIENTS WITH PARKINSON'S DISEASE.

Protocol Number: IEC/ABVIMS/RMLH/1092
National Clinical Trial (NCT) Identified Number: Pending
Principal Investigator: Ashish Kumar Duggal
Sponsor: Dr. Ram Manohar Lohia Hospital
Version Number: v.1
25 January 2026

INFORMED CONSENT FORM

I have been invited to participate in research about ": Effect of repetitive bihemispheric anodal transcranial Direct Current Stimulation on motor function of patients with Parkinson's Disease". I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Name of Participant: _____

Signature of Participant: _____

Date: _____

Day/month/year

If illiterate:

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness: _____Thumb print of participant

Signature of witness: _____

Date: _____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. Detailed history and physical examination will be done.

2. Transcranial direct current stimulation will be done.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. Individual has every right to opt out of this study at any point.

Name of Researcher/person taking the consent

_____

Signature of Researcher /person taking the consent

Date _____

A copy of this ICF has been provided to the participant.