INFORMED CONSENT

Comparison of TLC (Total Leucocyte Count), Neutrophils and Monocytes in Oral Squamous Cell Carcinoma and Pre-malignant Disorders

Department of Oral Surgery, Dow University of Health Sciences
Ojha Campus and Civil Hospital Karachi (CHK)

Official Title: Comparison of TLC (Total Leucocyte Count), Neutrophils and Monocytes in Oral Squamous Cell Carcinoma and Pre-malignant Disorders

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CONSENT FORM

Principal Investigator: Dr. Mehak Shamim
Co-Investigator: Dr. Anwar Ali
Institution: Department of Oral Surgery, Dow University of Health Sciences (Ojha Campus & CHK)

You are invited to take part in a research study. This study is being done to compare certain blood components (white blood cells, neutrophils, and monocytes) in patients with oral cancer and pre-cancerous oral conditions.

The purpose of this study is to see if these blood values can help in early diagnosis or understanding of disease progression. A small amount of blood (about 2–3 ml) will be taken from your vein (venipuncture)

Risk and Benefits

Risks: Minimal discomfort during blood collection and minor bruising or pain

Benefits: Your participation may help in early detection and better understanding of oral diseases in future patients

Rights of Participant

- Your participation is completely voluntary, you can withdraw anytime and your medical care will not be affected

Confidentiality

- Your personal information will be kept strictly confidential and your name will not be used in any report and publication. Data will be used only for research purposes

Use of Samples

- No genetic testing will be performed and Your data/sample will only be used for this research study

Contact Information

Dr. Mehak Shamim
Department of Oral Surgery (Dow University of Health Sciences)
Contact: _____

Declaration of Consent

I confirm that I have understood the information provided to me.
I understand that my participation is voluntary and I can withdraw at any time without giving any reason.
I have also been informed that my treatment will not be affected if I withdraw.

Signature of Participant: _____ **Thumb Impression: _____**
Signature of Researcher/PI: _____
Date: _____