

## CONSENT FORM

I agree to participate in this study

Comparison of wound healing for diabetic carbuncle treated with incision  
& drainage technique using cruciate incision versus saucerization  
technique both followed by vacuum assisted closure

The doctor has told me about details of study and I have understood all. The doctor has told me in this study he will compare wound healing for diabetic carbuncle treated with incision & drainage technique using cruciate incision versus saucerization technique both followed by vacuum assisted closure in terms of blood loss, granulation tissue, duration required of wound healing and Post operative transfusion..

I have also been informed in detail about possible benefits and side effects of this study. I have informed that I am free to with from study when I want. I have been told that my doctor will continue to give me all possible care after my discontinuation.

I allow my researcher or any other person authorized by my researcher to contact me at my home or address given by me for research. I have been assured that information given by me will be kept confidential and used only for research purpose.

Patients name-----

CNIC NO-----

Signature-----

Date-----

Witness name-----

CNIC NO-----

Signature-----

Date-----

Doctors signature

Date-----

  
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