

Cover Page for ClinicalTrials.gov

Document: Informed Consent

Official Title of the Study:

Effect of Hot Saline Irrigation on the Operative Field During Endoscopic Sinus Surgery: A
Randomized Controlled Trial

Document Date: 16th June, 2023

By Dr Jawairia Altaf,

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**Effect of Hot Saline Irrigation on the Operative Field During Endoscopic Sinus Surgery:
A Randomized Controlled Trial**

Informed Consent Form

Serial No. _____

Name: _____

Guardian's Name/relation: _____

Hospital A&D No:

1. I hereby authorize Dr. Jawairia Altaf to include me in the sample for the study,
**“EFFECT OF HOT SALINE IRRIGATION ON THE OPERATIVE FIELD DURING
ENDOSCOPIC SINUS SURGERY: A RANDOMIZED CONTROLLED TRIAL”.**
2. I understand aims of the study.
3. My doctor has explained to me the procedure of collection of data in detail and I
Fully understand that being part of this study sample does not expose me or my
Patient to any complications/ hazards.
4. I feel no compulsion to be part of this study and I have freedom to refuse being part
Of this sample.
5. I give consent for audio/video/ interview recordings as part of the project.

6. I give consent for using my data for the purpose of research/ publications

(Above mentioned words of consent have been read to the patient in the language he/ she Understands and signs it as correct, and in the form of consent).

Patient: _____

Doctor: _____