

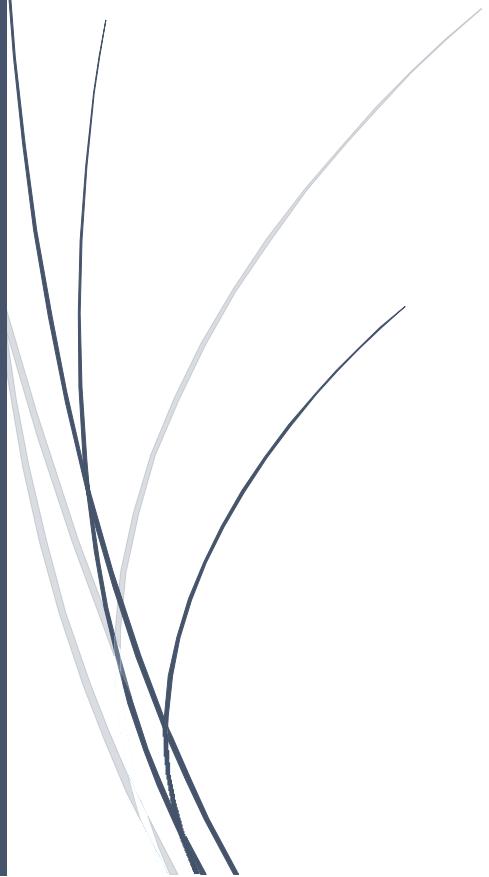


Cover Page for ClinicalTrials.gov

Document: Informed Consent Form

**Title: Efficacy Of Pyodine Soaked Gelfoam Vs
Single Topical Application Of Clotrimazole In
Treatment Of Otomycosis: A Randomized
Controlled Clinical Trial**

Document Date: 16-June-2023



Zuneera Shabbir

CONSENT FORM

Department of Rawalpindi Medical University and Allied Hospitals, RAWALPINDI

Title of the study: Efficacy Of Pyodine Soaked Gelfoam Vs Single Topical Application Of Clotrimazole In Treatment Of Otomycosis: A Randomized Controlled Clinical Trial By Dr. Zuneera Shabbir

Name: _____

Guardian's name/relation: _____

Hospital A&D No: _____

- I confirm that I have read and understood the information about the project as provided in the Participant Information Sheet dated [Insert Date].
- I confirm that I have had the opportunity to ask questions and the researcher has answered any questions about the study to my satisfaction.
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, without having to give a reason and without any consequences.
- I understand that I can withdraw my data from the study at any time.
- I understand that any information recorded in the investigation will remain confidential and no information that identifies me will be made publicly available.
- I consent use of this data in research, publications, sharing and archiving as explained in the Participant Information Sheet.
- I consent for audio/ video/ interviews recordings as part of the project Yes/ No
- I agree / do not agree (delete as appropriate) to take part in the above study.
- _____

Name of Participant Date / Guardians Signature:

Doctor: Zuneera Shabbir

Date / Signature

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Interview Signature Date: