

Consent Form - To be signed on the day of Screening (Sample)

1. Centre Name: -----
2. Participant enrollment ID for this trial: _____
3. Name of the Investigator : _____
4. I confirm that I have read / the study has been explained to me adequately and I have understood the information sheet for the above study and had the opportunity to ask questions.
5. I hope to complete the study, but I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, and without my medical care or legal rights being affected.
6. I understand that my doctor will provide information about my progress, in confidence, to the related officers of Central Council for Research in Ayurvedic Sciences (CCRAS). I understand that the information held by the Investigators and records maintained by the Central Monitoring Unit, CCRAS might be used to follow up my health status.
7. I understand that the information will be used for medical research only and that I will not be identified in any way in the analysis and reporting of the results. I understand that sections of any of my medical notes may be looked at by the Sponsors or responsible individuals from the members of the IEC, Regulatory authorities or Court, if necessary. I give permission for these individuals to have access to my records.
8. I understand what is involved in this trial and agree to take part in the clinical trial for a period of 12 weeks.

Name of the Patient
Date

Signature

Name of the witness
Date

Signature

Name of the Investigator
Date

Signature