

## Informed consent

Name of the Candidate:

Age:            Gender:

Address:

Telephone no.

Email:

The content of the information sheet dated.....that was provided have been read carefully by me/explained in detail to me, in a language that I comprehend, and I have fully understood the contents. I confirm that I had the opportunity to ask questions.

The nature and purpose of the study and its potential risks/benefits and expected duration of the study, and other relevant details of the study have been explained to me in detail. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or illegal right being affected.

I understand that the information collected about me in this research and sections of any of my medical notes may be looked at by responsible individuals from NESOS. I give permission for these individuals to have access to my record.

I hereby give consent to take part in the above study. I also consent for medical photographs/video and I have been informed that these photographs/video will be used without revealing the identity. I understand that these along with the information I provide may be used in medical record, for purpose of publication in textbook or medical journal and dissertation purpose, or for medical education.

The consent form has been signed by me when I was not under the influence of any drugs.

Patient's signature.....

Researcher/ doctor's signature.....

Date:

Witness Signature:

**If Illiterate**

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions and to understand the nature of the study. I confirm that the individual has given the consent freely.

Researcher/Doctor's Signature.....

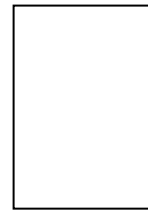

Date:

Witness signature.....

Thumb print of participant

Right

Left



# सूचित मन्जुरीनामा

विरामीको नाम:

उमेर:

लिङ्ग:

ठेगाना:

सम्पर्क:

इमेल:

मलाई यस अध्ययनको बारेमा हरेक कुरा मैले बुझ्ने भाषामा अवगत गराइएको छ । मैले सबै कुरा बुझेको छु र मलाई विशेष कुरा बुझ्ने मौका पनि दिइएको छ । मेरो सहभागिता स्वेच्छिक हो अनिकुनै पनि समयमा कुनै पनि कारण नबताई यस अध्ययनबाट बाहिरिनको लागि स्वतन्त्र छु । साथै यसले गर्दा मेरो चिकित्सकीय हेरचाह वा वैधानिक अधिकार माथि कुनै प्रभाव पर्ने छैन भनि मलाई राम्ररी थाहा छ । म आफ्नो फोटो तथा भिडियो, परिचय नखुल्ने सर्तमा दिन मन्जुर छु । मैले दिएका जानकारी मेडिकल रेकर्ड वा मेडिकल जर्नलमा प्रकाशन हुनसक्ने कुरा बुझेको छु । यहाँ दिएको मन्जुरीनामामा मैले नै हस्ताक्षर गरेको हो ।

मैले दिएका जानकारी गोप्य रहने र उपचार तथा अनुसन्धानका लागि मात्र प्रयोग हुने जानकारी गराइएको छ । म आफ्नो इच्छा र स्वविवेकले नै यस अध्ययनमा सहभागी भएको छु ।

यस सहमति फारममा हस्ताक्षर गर्दा म कुनै लागु औषधीको प्रभावमा थिइँन ।

विरामीको सही:.....

अनुसन्धानकर्ताको सही:.....

मिति:.....

साक्षी चाहिएको छ भनै:

विरामी सहीगर्न असमर्थ छ, अनि एक साक्षीको रुपमा म कुन कुराको पुष्टि गर्छु भने, विरामीलाई परिक्षणको बारे सबै जानकारी दिइएका छन् अनि मौखिक रुपमा यसमा भाग लिने सहमति प्रदान गरेका छन् ।

अनुसन्धानकर्ताको सही:.....

साक्षीको नाम:.....

बुढीऔंलाको छाप:

मिति:.....

दाया

बाँया

