

**Institutional Ethics Committee- Apollo Institute of Medical Sciences & Research  
(IEC-AIMSR) Chittoor**

**PART 1 of 2**

**INFORMATION FOR PARTICIPANTS OF THE STUDY**

**Title of the project:** xxx.

**Name of the investigator:**

Principal Investigator: Dr. xxxxxxxxxxxxxxxxxxxxxxxxx

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Apollo Institute of Medical Sciences and Research Chittoor

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Co-investigator: xxxxxxxxxxxxxxxxx

Xxxxxxxxxxxxxxx

Apollo Institute of Medical Sciences and Research Chittoor

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You are being invited to take part in a research study. Please take some time to read the information presented here, which will explain details of this study. Please ask the researcher any questions about any part of this project that you do not fully understand.

It is very important that you are fully satisfied that you have clearly understood what this research entails and how you would be involved.

Your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever, including health care now or in the future. You are also free to withdraw from the study at any point, even if you do agree to take part.

**What is this research study all about?**

The research study is toxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx xxx. .

**Why have you been invited to participate?**

To find out xxx

**Why this study is being done?**

The purpose of this research study is to xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx  
xx  
xx

**How the study will be conducted?**

In this study, the subject shall xxx  
xx  
xx

**How long you will be in the study?**

The entire study will be for xxxxxxxxxxxxxxxx.

**Will you benefit from taking part in this research?**

You may be benefitted from this research.xxxxxxxxxxxxxxxxxxxxxcx

**Are there any risks involved in your taking part in this research?**

xx

**Will your participation in this study be kept confidential?**

xx

**What will happen to the information collected from this research?**

Information obtained from this study will be analyzed and only the results may be published, presented in scientific meeting or written articles, without disclosing the identity of the participants.

**Are there any costs involved and will you be paid to take part in this study?**

You will not be paid money or any other incentive. You need not to pay any money for tests.

**What if you decide to stop participating in the research before it is over?**

You may stop participating in the research at any time you choose.

**Do you have any questions about the research?**

If there is anything else that you want to know, if you have any further queries or encounter any problems you can contact any of the investigators.

**You will receive a copy of this information and consent form for your own records**

Signature of the participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the witness: \_\_\_\_\_ Date: \_\_\_\_\_