MEGHNA INSTITUTE OF DENTAL SCIENCES

(Managed by : VELS EDUCATION SOCIETY)

Permited by Govt. of India, Ministry of Health & F.W. (DE Section & DCI, New Delhi)
Affilliated to K.N.R. University of Health Sciences, Warangal (T.S)
Mallaram Vill., Varni Road, Nizamabad-503 003. (T.S) Ph : 9505445456
E-mail : info@meghnadentalcollege.ac.in Website : www.meghnadentalcollege.ac.in

APPENDIX -II

SPECIMEN CONCENT FORMs

Information to the participants:

This section should contain the information about the diagnosis made, if any, and also about the various modes of treatments available, subject needs to be given the free choice of selection of the treatments that are available, including the one which is being considered for the research study. Even if there is scope for slightest risk involved in the purposed mode of treatment/procedure, The same needs to be clearly informed to the participant and /or guardian of the person participating in the study. Participant in the proposed study be clearly informed about his/her right to withdraw from the study without any reason, if he/she desire so, and that would not effect in any way his/her treatment or of his/her ward/relative who is undergoing the treatment. Details regarding the scope of treatment in terms of duration, medications/procedures to be used and the clinical materials such as blood etc. that needs to be collected in terms of volume and periodicity be clearly stated in the information to be provided to the participants and/or the guardian. With this information made available to the participant in a language understandable to him/her it needs to be followed by the request and assurance as enumerated below from the investigator. i.e.

Undertaking by the investigator:

Your consent to participate in the above study is sought. you have right to refuse consent or withdraw the same during any part of the study without giving any reason in such an event, you will still receive best possible alternative treatment without any prejudice. if you have any doubts about the study, please feel free to clarify the same. Even during the study, you are free to contact any of the investigators for clarification if you so desire [investigators name with telephone no need to be furnished]. **All the information collected from you will be kept in strict confidence.**

Date:

PRINCIPAL
Meghna Institute of Dental Sciences
MALLARAM (V), NIZAMABAD

Name and signature of principal investigator

CHAIRPERSON
Institutional Ethics Committee
Meghna Institute of Dental Science (IEC-MIDS)
NIZAMABAD-503001 (Telangana)

Consent

I have been informed about the procedures of the study. The possible risks to have been explained to me as stated in the information. I have understood that I have the right to refuse my consent or withdraw it any time during the study without adversely affecting my/ my ward's treatment. I am aware that by subjecting to this investigation, I will have to give more time for assessments by the investigating team and that these assessments do not interfere with the benefits.

I _____, the under signed, give my consent to be a participant of this investigation /study program/clinical trial, entitled "_____ _____".

Signature of patient	Signature of the witness	Signature of the investigator:
Name of patient	Name of the witness	Name of the investigator
Place:	Place:	Place:
Date:	Date:	Date:

PRINCIPAL
Meghna Institute of Dental Sciences
MALLARAM (V), NIZAMABAD

CHAIRPERSON
Institutional Ethics Committee
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Pl. note:

(1) The above format is only a guideline, which may need to be altered according to the situation as to whether the participant is patient, or patient's guardian or a volunteer who may take part in studies involving the study of normal subjects, further where the participant is not proficient with English, he/she provided with a consent form in a language in which he/she is proficient.

(2) Informed Consent Form in min 3 languages viz. English, Hindi, Telugu and other languages where needed to be furnished.

(3) Suppose the study group deals with only English or any particular language speaking patient, then an undertaking required to be furnished.

(4) A certificate from the translator stating that the translated version of the informed consent form is the' true' translation of the original version of the informed consent form is required to be typed/ printed at the end of the each translated version of the document. Further, the translator has to append his signature, name and address below the certificate.

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