Taylor’s University Letterhead

School of [Name of School]

[Researchers Name]

[Contact Address]

[Date]

**CONSENT FORM**

[Name of Project]

I have read, understood the description and purpose of the above-named project (as in the Patient Information Sheet).

I have been told about the nature of the clinical research in terms of methodology, possible adverse effects and complications (as in the Patient Information Sheet). After knowing and understanding all the possible advantages and disadvantages of this clinical research, I voluntarily consent of my own free will to participate in the clinical research specified above.

I understand that I can withdraw from this clinical research at any time without assigning any reason whatsoever and in such a situation shall not be denied the benefits of usual treatment by the attending doctors.

I note that the project has been reviewed and approved by the Taylor’s University Human Ethics Committee.

NAME :

Signature :

Date :