

**Appendix G**

**INFORMED CONSENT FORM**

**Study title:**

Subject's name..... Age..... Sex.....

I confirm that I have read and understood/have been explained the information given by the researcher/moderator and I had an opportunity to ask questions.

I understand that the participation in the study is voluntary and I am free to withdraw at any time without giving any reason and without being my medical care and legal rights being affected.

I understand that my identity will not be revealed to any third party or in publication.

I understand that the researchers/ regulatory authorities/ ethics committee will not need my permission to access my health records if necessary for the current study.

I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s).

I agree to take part in the above study.

Signature of the subject..... Date.....

**Name of the Investigator (printed).....**

Signature of the investigator.....Date.....

Name and signature of the impartial witness with date if required  
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