

Participant Information Sheet

Study Title:

Participant Name:

Date:

Registration No.

Age/Sex:

Address:

Investigator's Name:

Dear Sir / Madam,

You are being requested to volunteer in the above research study. **Dr.....**, who is the Principal Investigator for the study. This document will provide you with the information needed to help you decide whether you wish to take part in this study. You may read the text before you consent to participate in the study.

Information and importance of the study:

Objective of the study:

How will this study be done?

Mention eligibility of the participant, study/ intervention protocol, Intervention period, withdrawal criteria..... etc.

Whether compensation will be given to the participant or not.

Advantage of this study

Risks and Discomfort of the study

What happens if you refuse to take part in the study or change your mind after you agree?

Participation in study is **voluntary** and you have **right to withdraw** your participation from the study anytime.

Participant's responsibilities in this study

Possible risk, if any

extracted teeth/biopsy/LA Injection/Any surgical procedure / modify as per requirement. Mention the risk as per the study requirements.

Confidentiality of study and medical records

Your confidentiality would be protected as required by law. All the records will be kept confidential and used for scientific purposes only. Only study personnel will be allowed to see these records. These records will not be available to the public or any other person not connected with the project. Only the Institutional Ethics Committee and other regulatory bodies under Government of India law would have access to these records. If you have any doubts or questions the investigator/s will give you required answers or clarifications.

Statement that the consent is voluntary.

Statement that the study involves research.

Result of the study may be presented at meetings or may be published?

The results of the study may be published for scientific purpose, however identity of the participants will not be revealed.

Whom to contact for the study related queries and rights of the subjects

If you have any query related to the study and need additional information pertaining to the study, you may contact the study investigators mentioned below.

(Name)

Principal Investigator/Researcher

Phone:

Email

(Name)

Co- Investigator 1/PG Guide

Phone:

Email

Name of the Participant

Name of Researcher

Date and Signature or thumb
Impression of the Participant

Signature of Researcher
