



# VIREC INFORMED CONSENT FORM (ICF)



**Title of the Research Proposal** :(in title case):[VIREC Approval No: \_\_\_\_\_ ]

**Principal Investigator:**

Name:  
Designation:  
Phone: Email id:  
Address:

**Participant:**

Name:  
Date of Birth/Age: \_\_\_\_\_ Phone : Email Id:  
Details of medical condition if incapacitated to give consent:  
  
Address:

**Legally Authorized Representative(LAR):**

Name: \_\_\_\_\_ Relationship:  
Date of Birth/Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Id:  
Address: \_\_\_\_\_

**Declaration**

(tick as applicable)

- I confirm that I/My dependent has read/have been read aloud and understood the Participant Information Sheet [PIS] for the above research proposal and have had the opportunity to ask questions. I agree to take part/allow my dependent to take part in the above study.
- My dependent ,who is a child participant aged 7-12 yrs, has given verbal assent to take part in the study after a thematic explanation and I am allowing on his behalf.
- My dependent ,who is a child participant aged 12-18 yrs, has given written assent to take part in the study after a thematic explanation and I am allowing on his behalf.
- My dependent is currently incapacitated to give verbal/written consent as a participant due to a medical condition and I am allowing on his behalf.

\_\_\_\_\_/place\_\_\_\_\_/dt\_\_\_\_\_

**Signature/ thumb impression of participant/LAR (if below 18yrs /incapacitated)**

- I have been explained about the study and I agree to take part in it.

\_\_\_\_\_/place\_\_\_\_\_/dt\_\_\_\_\_

**Signature/ thumb impression of child (if aged 12-18years)**

- Informed consent process has been completed as per laid down rules.

\_\_\_\_\_/place\_\_\_\_\_/dt\_\_\_\_\_

**Principal Investigator's Signature**

[For participants aged 7-12 years, verbal assent and for 12-18 years written assent must be obtained inthe presence of the LAR; for medically incapacitated participants the LAR should sign with verbal/written assent by the participant as applicable.]