Appendix - 2

Participant Informed Consent Documentation

Below is a **Participant Informed Consent Documentation** template that can be provided to researchers for submission to the Institutional Ethics Committee (IEC) of the East Delhi Physicians Association (EDPA). This template ensures the rights, dignity, and safety of participants while meeting ethical and regulatory requirements.

Participant Informed Consent Form

'Title of the Study':

[Provide the full title of the research study.]

Introduction

You are being invited to participate in a research study. Before agreeing to take part, it is important that you read and understand this document. This consent form will provide you with information about the purpose, procedures, risks, benefits, and your rights as a participant. Please feel free to ask questions about anything that is unclear.

Purpose of the Study

- The purpose of this study is: [Explain the study's purpose in simple terms.]

- This study is being conducted by: [List the names of the investigator(s) and affiliated institution.]

Participant Selection

- You are being invited to participate because: [Explain why the participant has been selected.]

- This study will involve approximately [number] participants.

Study Procedures

If you agree to take part in this study, you will be asked to:

1. [List the primary activities or procedures the participant will undergo.]

2. [Clearly explain time commitments (e.g., number of visits, duration of the study).]

3. [Explain how the study will be conducted.]

Potential Risks and Discomforts

- Participating in this study may involve the following risks: [Describe risks in layman's terms.]

- If you experience discomfort or adverse effects, please notify the research team immediately.

Potential Benefits

- You may or may not directly benefit from participating in this study.

- However, your participation may contribute to scientific knowledge and potentially benefit others in the future.

Confidentiality

- All information collected during this study will be kept confidential to the extent permitted by law.

- Your data will be coded and de-identified to ensure anonymity.

- The results of this study may be published, but your identity will not be revealed.

Voluntary Participation

- Your participation in this study is entirely voluntary.

- You have the right to refuse to participate or withdraw at any point without penalty or loss of benefits.

Compensation

- [Specify if compensation will be provided for participation, such as reimbursement for travel expenses.]

- [If no compensation is provided, state that clearly.]

Contact Information

If you have any questions or concerns about the study, please contact:

- Principal Investigator: [Name, Contact Number, and Email]

- IEC Secretariat, EDPA: [Contact Information]

For complaints about your rights as a participant or ethical issues, please contact:

- Institutional Ethics Committee (IEC): [Contact Information]

Consent Statement

By signing below, I confirm that:

1. I have read and understood the information provided in this consent form.

2. I have had the opportunity to ask questions, and all my questions have been answered.

3. I voluntarily agree to participate in this study.

Participant's Name: _____

Signature/Thumb Impression: _____

Date: _____

Investigator's Name: ________

Signature: _____

Date: _____