The "Management of Acute Coronary Event (MACE) Registry"

INDIAN COUNCIL OF MEDICAL RESEARCH

PARTICIPANT CONSENT FORM

Name & complete contact address of concerned investigator:

(A signed copy of this form will be placed in your medical record)

Volunteer Statement

Your signature indicates that you have read and have been told about the above information, that you have discussed this study with one of the study investigators or staff, and that you have decided to participate. The signature also indicates that you understand that you are being treated by the physician who obtained your consent rather than by the hospital. A copy of this form will be given to you at the time that you give consent to enter the study. Also, additional copies of this form will be given to you upon request at any time and one copy will be placed in your medical chart.

If you have any questions about this study, you can contact Dr _____at ----------
(Contact number).

Statement of Consent

The purpose of this study, procedures to be followed, risks and benefits have been explained to me. I have been allowed to ask questions, and my questions have been answered to my satisfaction. I have been told whom to contact if I have additional questions. I have read this consent form and agree to be in this study, with the understanding that I may withdraw at any time. I have been told that I will be given a signed copy of this consent form.

I have decided of my own free will to be a participant in this research.

_____
(Name of Participant)

_____
(Signature of Participant)

Date: Time:

_____
Name of Individual Obtaining Consent

_____
(Signature of Individual Obtaining Consent)

Date: Time:

_____
(Name of Witness)

_____
(Signature of Witness) Date: Time: