

Patient Information Sheet (PIS) in ENGLISH Language
Note:(PIS) must be given to every patient/subject before obtaining Informed consent form

(Note: You can add some more points or have some modifications as per your study; but no deletion of any of the following point)

Name of UG/PG student
or Research worker:

Name of Department:

1.	Study Title:	
2.	Date:	
3.	Doctor's Name: Address as Contact person:	
4.	Phone number:	
5.	Introduction of Study:	
6.	What is this study about..?	
7.	About Voluntary Participation:	
8.	What are the procedures, investigations, etc to be followed if I agree to participate in the study?	
9.	What is the expected duration of my participation?	
10.	What are the benefits to me, community or medical profession if I participate in this study?	
11.	Whom do I contact if I	

	have any queries related to the research study?	
12.	Will I receive any payment for participation in the Study?	
13.	What are my responsibilities on participation in the Study?	
14.	What are the reasonably foreseeable risks or discomforts that I might suffer if I decide to participate in this study?	
15.	Whom should I contact if something goes wrong?	
16.	What are the alternative procedures or therapies available to me for treatment of this disease?	
17.	Do I have to participate and can I change my mind even after I agree Statement about confidentiality?	
18.	Policy on confidentiality	
19.	Policy on compensation	
20.	Contact details of chairman of IEC for appeal against violation of my rights	
21.	Counseling for consent for testing (genetic & HIV) must be given as per national Guidelines	
22.	Additional Information if any:	

