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**Sample Informed Consent Form**

**Title of Study:**
[Insert Research Title]

**Principal Investigator:**
[Name, Department, Email address, Contact Information]

**Institution:**
Malir University of Science & Technology, Karachi

**Mention:**

1. Purpose of the Study:
2. Details of the Procedures Involved:
3. Voluntary Participation:
4. Risks and Discomforts:
5. Benefits:
6. Alternate Treatment, if any:
7. Confidentiality:
8. Contact for Questions:

**Declaration of consent**

I confirm that I understand the information which has been provided to me. I also understandthat my participation is voluntary, and that I can withdraw from the study at any time without giving anyreasons. I have also been assured that my medical care will not be affected by my withdrawal from thestudy.

Signature of participant:

Signature of Witness:

Thumb impression of participant

Signature of PI: Date:

**Note: The consent form should be in English & Urdu. These should be identical so that the translation of one into other is similar.**