**सूचित सहमति पत्र (Informed Consent)(Hindi Version)**

**Subject Identification number: MGM/Dept./ / Date: / /2022**

**Title of the Research Project:**

**Declaration by Interviewer:**

मैं आपसे कुछ प्रश्न पूछने जा रहा हूँ। आपके उत्तर पूर्णतः गोपनीय हैं। आपके द्वारा मुझे बताई गई किसी भी जानकारी के संबंध में कभी भी इसका उपयोग नहीं किया जाएगा। आपको किसी ऐसे प्रश्न का उत्तर देने की आवश्यकता नहीं है जिसका आप उत्तर नहीं देना चाहते हैं, और आप जब चाहें इस साक्षात्कार को समाप्त कर सकते हैं। हालांकि, इन सवालों के आपके ईमानदार जवाब हमें पर्यावरण और व्यावसायिक कारकों के बारे में समझने में मदद करेंगे जो आपकी बीमारी से जुड़े हो सकते हैं। साक्षात्कार में लगभग आधे घंटे का समय लगेगा। क्या आप भागीदार बनना चाहते हैं? हाँ /नही.

मैं\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ पुत्र / पुत्री / पत्नी \_\_\_\_\_\_\_\_\_\_\_\_उम्र\_\_\_\_\_\_\_\_\_\_\_\_ का

निवासी\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ हूं। मुझे पूर्ण संतुष्टि के साथ इस अध्ययन के उद्देश्य , प्रकृति और इसके जोखिम / लाभों के बारे में समझाया गया है। मुझे यह भी समझाया गया है कि मेरी गोपनीयता बनाए रखी जाएगी और मेरी सहमति प्राप्त होने के बाद सभी जांच / हस्तक्षेप किए जाएंगे। मुझे बिना किसी कारण के किसी भी बिंदु पर अध्ययन से बाहर निकलने और नियमित देखभाल, लाभ के दंड या हानि के बिना अपने अधिकार से बाहर होने के बारे में पता है। मैं उपर्युक्त अध्ययन के लिए अपने शारीरिक जांच एवं Blood/Body fluid/ Histopathology sample/……………………… के नमूने को लेने के लिए पूर्ण स्वतंत्र और स्वैच्छिक सहमति देती हूं।

|  |  |  |
| --- | --- | --- |
| Type of consent obtained (Circle as appropriate): | Not willing to participate | 0 |
| Left Thumb Impression (LTI) | 2 |
| Signature | 3 |
| Consent given by legally acceptable representative | 4 |

|  |  |
| --- | --- |
| **Signature or LTI of Parent/ Guardian/ Legally Acceptable Representative Name ......................................................................................** |  |
| **Signature of the Investigator** |  |

**Informed Consent Form (English Version)**

**Subject Identification number**: MGM/Dept./ / /Date: / /2021

**Title of the Research Project:**

**Declaration by Interviewer**

“I’m going to ask you some questions. Your answers are completely confidential. Your name will not be written anywhere on this form and will never be used in connection with any of the information you tell me. You do not have to answer any question that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us understand about environment and occupational factors that may be linked to your illness. The interview will take approximately half an hour. Would you be willing to participate?” YES/NO

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_son/daughter/W/O of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have been explained to my full satisfaction, the aim and nature of study and its risk/benefits. I have also been explained that my confidentially will be maintained and all the investigation /interventions will be carried out after my consent is obtained. I am aware of my right to opt out of the study at any point without giving any reason and without penalty or loss of routine care benefits.

I give full free and voluntary consent to take my Blood/Body fluid/ Histopathology sample/………………………for the above mentioned study.

|  |  |  |
| --- | --- | --- |
| Type of consent obtained (Circle as appropriate): | Not willing to participate | 0 |
| Left Thumb Impression (LTI) | 2 |
| Signature | 3 |
| Consent given by legally acceptable representative | 4 |

|  |  |
| --- | --- |
| Signature or LTI of Parent/ Guardian/ Legally Acceptable Representative Name ...................................................................................... |  |
| Signature of the Investigator |  |

**Individual Research Questionnaire**

Case Investigation/Reporting form

|  |  |  |
| --- | --- | --- |
| **One form is to be used for one individual only. Circle the codes or tick against each question as appropriate** | | |
| **Subject Identification number**: **Date**/ / /202 | | |
| Name of interviewer |  | |
| Result code for the quality of form filled (to be encircled by the supervisor) | Completed | 1 |
| Partially Completed | 2 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1.Socio-demographic status** | |  |
| **Sl. No** | **Questions** | **Coding categories** | **Response** |
| 1 | Age(In completed) |  |  |
| 2 | Religion | Hindu-1,Muslim-2,Christian-3,Buddhist-4,Sikh-5,Other-6 |  |
| 3 | Place of residence: | Urban-1,Rural-2 |  |
| 4 | Participant’s household | Non Slum area-1, Slum area-2 |  |
| 5 | Which Community belongs to | 1:Tribal 2:Non Tribal |  |
| 6 | Education | Illiterate-1, Primary-2, Middle-3, Secondary-4, Graduation-5, Post-Graduation-6, Technical Education-7 |  |
| 7 | occupation | Govt. Service-1- Private Service-2, House Work-3, Skilled Labour-4, Unskilled Labour-5, Unemploid-6, Others-7 |  |
| 8 | Marital status: | Married-1  Separated or divorced-2  Widow-3  Remarried-3 |  |
| 9 | Husband Education: | Illiterate-1, Primary-2, Middle-3, Secondary-4, Graduation-5, Post-Graduation-6, Technical Education-7 |  |
| 10 | Husband occupation: | Govt. Service-1- Private Service-2, House Work-3, Skilled Labour-4, Unskilled Labour-5, Unemploid-6, Others-7 |  |
| 11 | Total household income(Monthly)  Classification as per BG Prasad Classification. | Rs |  |
| 12 | Types of family | Nuclear-1, Joint-2, Extended-3, No Response-4 |  |
|  | **2.Clinical History** | | |
|  |  | | |
|  | **3. Any other Investigations** | | |
|  |  | | |
|  | **4. Laboratory Test & Result** | | |