Research Title:	
Principal Investigator's Details:	
Name:	Mobile No.:
Title/Position:	Email:
Affiliation & Address:	
*	study being conducted at the Pakistan Kidney and Liver n in this document is meant to help you decide whether or have any queries or concerns.
You are being asked to participate because you satisfy my eligibility criteria which are:	
(1) (2) (3) (4) What is the purpose of research?	
Please briefly describe the reason for conduct	ing this study.
What do I have to do if I am in this research	h study?
	l that is required is to give consent. After obtaining written stionnaire and provide blood sample(s). (if needed)
You will remain in this study until study is con	apleted, or you withdraw consent.
What are the potential discomfort and risks	s, if I participate in this research study??

What are the Potential benefits of this research study?

This is unlikely for you to have direct benefit because of participation in this research. It is anticipated that collecting and studying this information will important knowledge about XXXX that will lead to better outcome with improved diagnosis and care for. patients (with similar disease), in future

Please list down if patient will likely to experience any side effects or potential discomfort and risk, if any.

Are there costs associated with this research study? Will I receive any payments?

[The patient may or may not n receive compensation for participation in the research, based on the study protocol] Please add relevant details.

What will happen with the information obtained as part of this research study? What about confidentiality?

The information collected will remain completely anonymized. All paper and electronic records will be kept in a secure place. Paper records will be placed in locked cabinets and accessed only by the research team. Electronic records will be stored on password-protected digital media with additional special precautions taken to prevent accidental release over the Internet and unauthorized access by a third party.

What are my rights as a research participant?

Your participation in this research is voluntary. Whether or not you choose to participate will not affect any aspect of your medical care. You may withdraw your consent at any time in the future. If you withdraw consent your information will be removed from the database and your participation will end. You have the right to access all proposal related documents and policies, you may ask the investigator or contact Institutional review board.

Is there any Alternatives to Participation available?

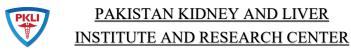
Describe any appropriate alternative therapeutic, diagnostic, or preventive procedures that should be considered before the subjects decide whether to participate in the study. If applicable, explain why these procedures are being withheld. If there are no alternatives, please state that "an alternative is not to participate in the study".

v	ying this information and no time limit for its use. We will conti he analysis will be finished by	nue to
anaryze dara ana nope mai ar	, , , , , , , , , , , , , , , , , , ,	
	Thank you for your participation.	
Contact person:		
For further information / questi	ons, you can contact me at the following address:	
Name:	Address:	
Mobile Number:		
Date of Preparation of this She	t:	
Institutional Review Board Con	tact: Coordinator, pkli.irb@pkli.org.pk Telephone: 042-36093000	
Extension: 3252		



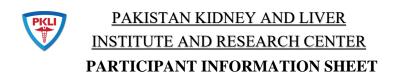
PARTICIPANT INFORMATION SHEET

Research Title:	
Principal Investigator's Name & Details:	
I have read the information in the Participant Information Sheet (or it has been read to me). I was ask any questions and they have been answered. I am exercising my free power of choice and here my consent to be included as a participant in this study.	
Please tick to confirm:	
I have read and understood this consent form and the information provided to me.	
I have had the consent document explained to me.	
I have been explained about the nature of the study.	
My rights and responsibilities have been explained to me by the investigator.	
I have been advised about the risks associated with my participation in the study.	
I know I can opt out of the study at any time without having to give any reason and this will not affect my future treatment in the hospital.	
My identity will be kept confidential if my data are publicly presented.	
I have had my questions answered to my satisfaction.	
I have decided to take part in the research study.	
I am aware, that if I have any questions during this study, I should contact the investigator at the address or telephone number listed above.	
I will be given a copy of this consent document.	
IN CASE OF VULNERABLE POPULATION [Pediatric population, mentally disabled, economically, or educationally disadvantaged, trainee or under a direct supervision employee or a patient, comatose/intubated, pregnant women or prisoners]	
 As a spouse or Parent/Family member, I have been explained all the abovementioned details. As a witness, I have been explained all the above-mentioned details. 	
Name and signature of the participant:	
Name: Signature / Thumb impression	



PARTICIPANT INFORMATION SHEET

Date: Time: Name and signature of the Spouse/Parent/Family member:		
		ber:
Name:	Signature / Thumb impres	ssion
Date:	Time:	
Name and signature of the v	vitness:	
Name:	Signature:	
Date:	_ Time:	
Investigator Certificate:		
described in the participant in subject. In my judgment, th	nformation sheet and consen e participant possesses the	ose and possible risks of the above study as t documents have been fully explained to the legal capacity to give informed consent to y giving informed consent to participate.
In case of Vulnerable populat witness also.	ion, I have followed the prod	cedure explained above and have included the
Name of the Investigator:	Signatur	re of the Investigator:
Dated:	Time:	
Institutional Review Board Co Extension: 3252	ontact: Coordinator, PKLI.IR	B@pkli.org.pk Telephone: 042-36093000



پاکستان کڈنی اور لیور انسٹی ٹیوٹ اور ریسر ج سینٹر

RESEARCH CONSENT FORM (URDU)

=		برنسبل تحقیقاتی کے تفصیلات:		<u>ريسرچ عنوان:</u>
واب دیا گیا ہے. میں اپنی آزادی ک <u>ے</u>	ا چاہتا تھا اور انہیں جو	مجھے پڑھا گیا ہے). میں کسی بھی سوال سے پوچھنا	والے معلومات شیٹ میں معلومات پڑھی ہے (یا یہ	میں نے حصہ لینے و
		کے طور پر میری رضامندیاں شامل ہبوں-	کر رہا ہبوں اور اس طرح اس مطالعہ میں شرکاء ک	طاقت كا استعمال
			<u> ِ نشان زد کریں :</u>	<u>تصدیق کرنے کے لۂ</u>
		مات کو پڑھ اور سمجھا <u>ہے</u>	ے اس رضامند فارم اور میرے لئے فراہم کردہ معلو	• میں <u>ن</u>
			پاس رضامند دستاویز نے مجھ سے وضاحت کی ،	● میرے
		ئى بىر	مطالعہ کی نوعیت کے بارے میں وضاحت کی گ	 مجھے
		ھے بتایا <i>ہے</i>	ِ حقائق اور ذمہ داریوں کو تحقیقاتی کارٹر نے مجم	● میرے
		ت کے بار <u>ے</u> میں مشورہ دیا گیا <i>ہے</i>	مطالعہ میں اپنی شرکت کے ساتھ منسلک خطرار	• مجھے
		ہے مطالعہ سے نکل سکتا ہبوں اور یہ	س حقیقت سے آگاہ ہںوں کہ میں کسی بھی وجہ سِ	● میں اہ
		ہے گا	ِ مستقبل کے علاج کو ہسپتال میں متاثر نہیں کر	● میرے
		ىتى خفيە ركھى جائے گى	را ڈیٹا عام طور پر پیش کیا جاتا ہے تو میری شناخ	• اگر می
			اطمینان کا جواب میرے پاس ہے	● میرے
		ېح	ے تحقیق کے مطالعہ میں حصہ لینے کا فیصلہ کیا	• میں <u>ن</u>
			اس رضامند دستاویز کی ایک نقل دی جائے گی	• مجھے
<u>، مدرس یا نگرانی میں ملازم، یا</u>	<u> علیہی ضعف کا شکار ،</u>	<u>ه میں [نومولود و نابالغ، ذہنی معذور، معاشی یا ت</u>		
			<u>، غریب/محتاط، بے بیوش/انٹیوینٹ کردہ، حام</u>	
			شوہر یا والد/خاندان کا رکن، مجھے مندرجہ بالا :	
		م تفصیلات کی وضاحت دی <i>گئی ہے</i>	طالعہ کے گواہ کے طور پر ، مجھے مندرجہ بالا تماہ	● اس مه
	تاريخ	دستخط/انگوٹھے کا نشان	كا نام:	شراکت دار ک
-	ہ کو بھی شامل کیا ہے۔	نے اوپر بیان کی گئی پروسیجر کو پورا کیا ہے اور گوا	<mark>vulnerable populati</mark> کی صورت میں، میں	حساس طبقہ [<u>on</u>
			مر/بیوی یا والد/ والدہ /خاندان کے رکن کا نام	شراکت دار کے شوہ
	وقت	نط/انگوٹھے کا نشان تاریخ	ہر/بیوی یا والد/ والدہ /خاندان کا رکن کے دستخ	شراکت دار کے شو
		تاريخ وقت	گواه کے دستخط	گواه کا نام

سرنىقدىت:	

یں تصدیق کرتا ہبوں کہ شراکت دار معلومات کے شیٹ میں بیان کیا گیا ہے اور رضامند دستاویزات میں بیان کردہ مندرجہ ذیل مطالعہ کی فطرت، مقصد اور ممکنہ خطرات سمیت
ہام عناصر کو مکہل طور پر اس موضوع کے بارے میں وضاحت کی گئی ہے. میرے فیصلے میں، حصہ لینے والے اس تحقیق میں حصہ لینے کے لئے مطلع رضامندی دینے کے لئے قانونی
سلاحیت رکھتے ہیں اور رضاکارانہ طور پر اور جان بوجھ کر جان بوجھ کر شرکت کرنے کے بارے میں مطمئن رضامندی معلومات یتے ہیں.

حقیق کار کا نام		
حقیق کار کے دستخط	تاريخ	وقتو

رابطہ کی معلومات

Institutional Review Board Contact: Coordinator, PKLI.IRB@pkli.org.pk Telephone: 042-36093000 Extension: 3252