

PARTICIPANT INFORMED CONSENT/ASSENT FORM (PICEF)

Participant Consent Form

Study title: Evaluation of a health system-based intervention on change in thrombolysis rate in ST segment elevated myocardial infarction (STEMI) acute coronary syndrome (ACS) across selected districts of the country – A health implementation research project. (ICMR-STEMI-ACT)'

Name of Investigator:

Institution:

Request for participation:

The contents of the information sheet that was provided have been read carefully by me / explained in detail to me, in a language that I comprehend, and I have fully understood the contents. I understand that my/my child participation is voluntary and that I am free to withdraw myself/my child at any time, without giving any reason, without medical care or legal right being affected.

I understand that the information collected about me/my child in this research and sections of any of medical notes may be looked at by responsible individuals from AIIMS. I give permission for these individuals to have access to my/my child records.

I agree to enroll myself/my child in the above study.

(Signatures / Left Thumb Impression)

(Signature of Investigator)

Name: _____

(Name of Participant/Guardian)

(Name and Signature of Individual Obtaining Consent)

Date: Time:

(Name and Signature of Witness)

Date: Time: