



SCHOOL OF REHABILITATION AND BEHAVIORAL SCIENCES
VINAYAKA MISSION'S RESEARCH FOUNDATION
(Deemed to be University Under Section 3 of the UGC ACT 1956)
Aarupadai Veedu Medical College and Hospital
Puducherry – 607403.



PATIENT / PARTICIPANT INFORMATION SHEET

While preparing the patient information sheet, the investigator must provide the following details applicable in a simple language both in English and Tamil which can be understood by the Research participant.

1. Title of the Research project
2. Name of the investigator/guide
3. Purpose of the project/study
4. Procedure for collecting the data
5. Expected time duration with each study participants.
6. The benefits expected from the research to the participant or to others and the post – trial responsibilities of the investigator
7. Anticipated risk to the participant from the study.
8. Maintenance of confidentiality of records/data
9. Provision of free treatment for research related injury
10. Compensation offered for participating in the study
11. Freedom to withdraw from the study at any time during the study period without the loss of benefits that the participant would otherwise be entitled
12. Possible current and future uses of the data from the research and likely to be used for secondary purposes should be mentioned

Signature of the Participants

Signature of the Investigator

Contact details of the Investigator (Name, Address & Contact Number)

Place:

Pt/Participants information sheet or form should cover all the 12 points mentioned above. Please prepare the form in the simple language for the participants to understand your research.

Date :

SRBS

Pt/Participants information sheet or form should cover all the 12 points mentioned above. Please prepare the form in the simple language for the participants to understand your research.