**PATIENT’S CONSENT FORM**

**(For Use In Collection Of Human samples)**

|  |  |
| --- | --- |
| Project Title |  |
| Name and Complete Address of the Project Implementing Agency |  |
| Name, Address and Telephone number of the Principal Investigator |  |

About The Project:

I have clearly read all the above information and I voluntarily consent to particiapet in the study by …... I have been informed of the risks of participation and donation of samples. I have also been informed that my identity will remain private and confidential.

There will be no monetary compensation for the participation.

Donor’s Signature Date

Donor’s name:

Witnessed by Date

Witness’ name: