

**Patient Informed Consent**

To

The Managing Editor  
Journal of advanced clinical and research Insights

Respected Sir/Madam,

**Statement by the Researcher:**

I hereby submit the manuscript Titled “-----  
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-----for publication in ‘INTERNATIONAL JOURNAL OF ADVANCED CLINICAL  
AND RESEARCH INSIGHTS’.

I assure that the diagnosis, nature of the lesion and the purpose of using patients material/images for publishing purpose has been thoroughly explained to the patient or related one’s & prior approval obtained for the same.

Consent obtained by:

Name of Researcher/Author/Doctor \_\_\_\_\_

Signature with Date \_\_\_\_\_

***Certificate for the informed consent:***

***I have been asked to give consent for the use of images of my daughter/son /child for publishing purpose in this research study .I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily for my child’s images to be used in this study.***

Name of Parent or Guardian \_\_\_\_\_

Signature of Parent of Guardian \_\_\_\_\_

Date \_\_\_\_\_ Day/month/year

***If illiterate***

A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.

**I have witnessed the accurate reading of the consent form to the parent of the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.**

Print name of witness \_\_\_\_\_

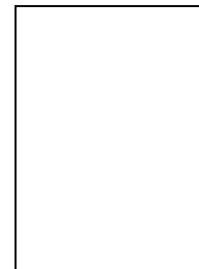
AND

Thumb print of participant

Signature of witness \_\_\_\_\_

Date \_\_\_\_\_

Day/month/year



**Statement by the researcher/person taking consent**

**I have accurately read out the information sheet to the parent of the potential participant, and to the best of my ability made sure that the person understands that the following will be done:**

- 1.
- 2.
- 3.

**I confirm that the parent was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

**A copy of this Informed Consent Form has been provided to the parent or guardian of the participant \_\_\_\_\_**

Consent obtained by:

**Name of Researcher/Author/Doctor \_\_\_\_\_**

**Signature with Date \_\_\_\_\_**