**AX8-V6/SOP 03/V6**

**Consent for prospective audit study**

**Parental/LAR consent**

Parent Information: (Should be concise and simple)

To state the purpose of the study (What the study is about and why the study is being done)

**Consent**

I understand that a study “Titled \_” conducted by “Dr.”\_ (name, phone no.) involves the analysis of my ward’s medical data that has been collected as part of his/her routine medical care.

I understand that there will not be any additional medical procedures over and above those which my ward would encounter during standard treatment.

I understand that this study has been approved by the Institutional Ethics Committee, Tata Memorial Centre and does not pose any additional risk to my ward beyond that which he/she would encounter while undergoing routine physical or psychological examinations or tests and/or which he/she would encounter in routine daily life activities. I understand that the Principal Investigator (name) would be willing to provide me/my ward with any additional information that I/my ward would want to know regarding the study.

I understand that if I have any queries regarding my ward’s rights I may contact,

<Name of Secretary of IEC > **Phone:** <022-24177262/4268 (IEC-I/II) 022-27405154 (IEC-III)>

I further understand that confidentiality with regard to my ward’s medical data will be ensured, that his/her privacy would be maintained and that the results published will not in any way be linked to him/her.

I am willing to allow the use of my ward’s data for this study.

I understand that my ward’s participation in the study is voluntary and that I am free to withdraw consent for my ward’s participation at any time, without giving any reason, without my ward’s medical care or legal rights being affected.

**Name and Sign/ Thumb impression of the Guardian/Parent /LAR**

**Date**

**Name and Signature of Impartial Witness**

**Date**

**Name and Sign of the Principal Investigator**

**Date**