

This present voluntary consent is made according to part of 5 the rules of Good Clinical Practice (GCP) by the International Conference on Harmonization (ICH).

INFORMED CONSENT

1. This consent concerns: _____
(*First name, middle initial, last name the patient or his lawful representative*)
2. The nature of necessary diagnostic and medical procedures have been explained to me. I agree to permit Dr. _____ and his/her colleagues to perform following invasive examinations, procedures, and/or surgeries: _____.
3. The above medical procedures, including the risks associated with possible complications and their consequences have been explained to me. I understand all my doctor's explanations. If there will be a necessity of other procedures, not specified in item 2, to improve my condition I permit my doctor and his/her colleagues to make such decisions according to their professional judgment and to carry out any necessary medical procedures.
4. I allow use of obtained biological samples taken from me for educational purposes and biomedical research without limitation (including new medicines development, genetical testing, new diagnostic tests development, etc.) and transferring samples and clinical information to other organizations for research purposes, while keeping my identity confidential. I understand that I will not be compensated for my tissues, and I am donating them solely for advancement of biomedical research.
5. I have had enough time to study this document. The contents of this document have been read and understood by me. I had an opportunity to ask to the Doctor all questions of interest to me concerning this document and have received complete answers.

Patient's Signature

Date

If this informed consent is read by the lawful representative due to inability of the patient to read (blindness, gravity of a physical condition, or other) the agreement an independent witness must sign this document.

Signature of the Witness

Date

I have explained the above the medical procedures to the patient, using language clear and understandable to him/her. I believe that I have completely informed the patient as to the nature of the procedures, possible advantages and probable risks, and also believe that my explanation has been understood.

Signature of the Doctor

Date
