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Consent form

1. I am giving blood sample with my own wish knowing fully well about the purpose of collection of the sample.

2. I consent to the test(s), which I understand will be based on different biochemical analysis.

3. I agree to the request of KUD to use my blood sample for further studies, which may lead to the discovery of new techniques or improving the existing ones. Furthermore, I also allow investigators at KUD to use my blood sample for research purposes that may facilitate better understanding of the human diseases, provided confidentiality of the identity of the sample is maintained.

4. I also allow investigators to publish the data obtained from the aforementioned studies.

Name of the Subject _____________________________________________

Signature of the subject __________________________________________

The parent

Address with Phone number ________________________________________

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