Principle Investigator:
Ms.M.Bhavani
Research Scholar
Department of Human Genetics
Sri Ramachandra University
Porur, Chennai-600116

Title of the study: Standardization and validation of dicentric chromosome and gamma-H2AX assays for radiation triage and to quantify radiation absorbed dose.

IEC number: IEC-NI/11/OCT/25/49

Description of the Study:
In this study investigator propose to find the genetic markers to quantify radiation absorbed dose in the blood samples from the volunteers. The blood samples (~8-10 ml) will be collected from volunteers. The participation in the study for sample collection will require approximately 5-10 minutes of the volunteer’s time and blood collection will be performed by a trained and authorized hospital employee.

Possible Risks to the participant: During sample collection there will a little pain because of needle prick which will disappear in 10 minutes. Other than that there is NO risk involved in the study.

Possible Benefits to the participant: There is no direct benefit for the participants. But results from this study might help in the future for easy quantification of radiation absorbed dose.

Cost and Payments to the participant: There is no cost for participation in this study. Participation is completely voluntary and no payment will be provided.
Confidentiality: Information obtained in this study is strictly confidential. The volunteer will be assigned a research number. His/her name will not be used in reporting of information in publications or conference presentations.

Participants’ right to withdraw from the study: The volunteer has the right to refuse to participate in this study, the right to withdraw from the study and the right to have your data destroyed at any point during or after the study, without penalty.

Voluntary consent by the participant: PARTICIPATION IN THIS STUDY IS COMPLETELY VOLUNTARY, AND YOUR CONSENT IS REQUIRED BEFORE YOU CAN PARTICIPATE IN THIS STUDY.

Storage of Samples: The samples processed for this study will not be stored. Samples will be completely used for this particular work only.

Declaration: I have read this consent form (or it has been read to me) and I fully understand the contents of this document and voluntarily consent to participate in the study. All of my questions concerning this study have been answered. If I have any questions in the future about this study they will be answered by the investigators.

By signing this form, I agree to participate in this study. A copy of this form has been given to me.

Participant Name: [Name]
Participant Signature/Thumb Impression: [Signature/Impression]
Date: [Date]

Witness Name: [Name]
Witness Signature: [Signature]
Date: [Date]

For any further queries please contact:
Ms. M. Bhavani
Research Scholar
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Sri Ramachandra University
Porur, Chennai-600116
Phone#: 9840105277
CERTIFICATION OF INFORMED CONSENT

I certify that I have explained the nature and purpose of this study to the above-named individual, and I have discussed the potential benefits of this study participation. The questions the individual had about this study have been answered, and we will always be available to address future questions.

Principle Investigator Name                                        Principle Investigator Signature

Date