CONSENT FORM

Place of study: Dept. of Biochemistry, M.G.M. Medical College, Indore, Madhya Pradesh India.

Patient Name:

Registration No:

Title of the Project: “Systematic Study on Biochemical Indices in Anemic Crises With Special Reference to Sickle Cell Disease in M. P. State”.

Name of the Researcher: Mr. Prashant Nigam

Procedures

I have understood that if I choose to participate in this study, I will be subjected to any of the following procedures according to the state of my health.

I will be asked a few personal questions related to my health or my infants.

I am free to ask any relevant questions to the investigator.

My child or I may be examined physically

Blood sample may be taken from me or my infants/s.

Risks and disorders.

I am aware that asking questions and examining me or my child physically will cause no harm or discomfort to me or them.

When drawing blood from me or my child, I or my child may feel pain at site of puncture but I have appreciated that pain will be slight and the risk of bleeding is negligible.

In the unlikely invent of any complications directly related to taking blood, the local medical officer in charge of health center shall be available for assistance and shall inform the researcher.
Consent

I have been asked to participate in the above study and I give my free consent by signing this form. I understand that:

1. My consent to participate is voluntary and I may withdraw from the study any time I wish to do so.

2. I have understood the information that has been given to me about the study in my vernacular and I have had all my questions answered to my satisfaction.

3. I am further aware that information I give will be treated in a confidential manner and I will not be personally identified with the information.

4. A member of the team may examine me or my infant/s physically and I am aware that examining me or my infant/s physically will cause no harm or discomfort to me or them.

5. Blood samples may be taken from me or my infant/s, I or my infant/s may feel pain at the site of puncture but I will appreciate that the pain will be slight and the risk of bleeding will be negligible.

6. In the unlikely event of any complications directly related to taking of blood, the local medical officer in charge of health center unit will be available for assistance.

Thumb/Signature of the participant  Signature of Interviewer

(Researcher)
PERSONAL INFORMATION:
Name: 
Address: 
Occupation: 
Race or Regional Background 
Economic Status: 
Employment conditions:

HISTORY OF PRESENT ILLNESS:
Sickle cell disease (HbSS) (Hyperhemolytic/Aplastic/Steady) 
Onset of disease

NEGATIVE HISTORY:
Thalassemias
Glucose-6-phosphate Dehydrogenase deficiency
Pregnancy
Illness other than sickle cell disease

PAST & FAMILY HISTORY:
Families origin of Racial/Ethnic background
Parents, siblings and children and their health status
H/o Sickle cell disease of any parent or family member
Miscarriage of pregnancy
Minor and Major Surgeries
Other Genetic Diseases

PHYSICAL EXAMINATION:
Icterus Nails Mucous membrane Pallor Skin
Oral Hygiene Height Weight B.P. Hair
### SYMPTOMS:

<table>
<thead>
<tr>
<th>Symptom</th>
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</thead>
<tbody>
<tr>
<td>Shortness of breath</td>
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<tr>
<td>Abdominal pain</td>
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<tr>
<td>Joint pains</td>
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<tr>
<td>Vomiting</td>
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<tr>
<td>Upper respiratory infection</td>
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<tr>
<td>Anemia</td>
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<tr>
<td>Dizziness</td>
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<tr>
<td>Fatigue</td>
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<tr>
<td>Fever</td>
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<tr>
<td>Excessive thirst</td>
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<tr>
<td>Frequent urination</td>
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<tr>
<td>Repeated headache</td>
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<tr>
<td>Weakness</td>
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<tr>
<td>Hematuria</td>
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<tr>
<td>Irritability</td>
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<tr>
<td>Protenuria</td>
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</tbody>
</table>

### THERAPY:

- Hydroxyurea and other drugs related to symptomatic relief
- Transfusion therapy: yes/no
- Type of transfusion/amounts of blood transfusing
- Iron chelating agents
- When was treatment started?

### PREVIOUS REPORTS:

- Biochemical parameters
- Radiological investigations
- Hematological parameters

### NUTRITION:

- Regular dietary habits calorie intake/day protein energy
- Malnutrition

### OTHER MANIFESTATIONS OBSERVED: