

Short consent for prospective observational study

LAR Consent for Participation in the study

Study Title: aDverse EvenTs duRing artificial airway ManagemENT in Indian ICUs (DETRIMENT): A prospective multicentre cohort study

I understand that a study "aDverse EvenTs duRing artificial airway ManagemENT in Indian ICUs (DETRIMENT): A prospective multicentre cohort study" conducted by "Dr. Atul Kulkarni, Professor and Head, Division of Critical Care, Dept. of Anaesthesia, Critical Care and Pain, Tata Memorial Hospital, Parel, Mumbai, Mobile no. 9869077526" involves recording of my relative's data related to removal of a breathing tube in his/her wind pipe that has been collected from my relative's medical records.

I understand that my relative's condition requires insertion and removal of a breathing tube in his/her wind pipe. In this study data will be collected related to reasons, complications and risk factors of removing breathing tube. The complications if any till hospital discharge will be recorded.

I understand that there will not be any additional medical procedures over and above those which he/she 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 relative 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 further understand that confidentiality with regard to his/her medical data will be ensured, and that the results published will not in any way be linked to him/her. I understand that the Principal Investigator (Dr. Atul Kulkarni) would be willing to provide me with any additional information that I would want to know regarding the study.

I understand that if I decline to give consent for my relative's participation in this study or withdraw my consent at any stage of the study my relative's medical treatment will not be affected.

I understand that if I have any queries at any time about the study or the procedures, or if my relative experiences any adverse effect as a result of participating in this study, then I can contact,

Dr. Atul Kulkarni,
Professor & Head, Division of Critical Care,
Dept of Anaesthesia, Critical care and Pain
Tata Memorial Hospital, Parel, Mumbai 400012
Tel: 9869077526, Email: kaivalyaak@yahoo.co.in

If I have any questions about my relative's rights as a participant, then I can contact,
Member Secretary, Institutional Ethics Committee I
Tata Memorial Hospital, Parel, Mumbai 400012
Tel: 02224177262

I am willing to allow the use of my relative's data for the study.

Participant's name:	
Legal Acceptable Representative name:	
Legal Acceptable Representative signature & date (if applicable):	
Impartial Witness's name:	
Impartial Witness's signature & date (if applicable):	
Name of PI or Co-PI/Co-I:	
PI or Co-PI/Co-I sign & date:	