

Information provided to bystander of Eligible Participants in SOLUTE study

Title:- “Salt based Or balanced solution. Trends Existing in Indian intensive care units. A multicenter prospective observational cohort study (SOLUTE study)”

I understand that a study “Salt based Or balanced solution. Trends Existing in Indian intensive care units. A multicenter prospective observational cohort study (SOLUTE study)” conducted by Dr. Sachin Gupta, Head, Critical Care Medicine, Narayana Superspeciality Hospital, Gurugram, Mob No 9873240734” involves the analysis of my relatives medical data that has been collected during the first three days of ICU admission.

I understand that a waiver of obtaining consent in this situation has been obtained from the Institutional Ethics Committee and the same is permissible as per the Indian Council for Medical Research, Guidelines for Biomedical Research involving Human Participants.

I am fully convinced that this study will not involve any additional tests or procedures or cause any deviation in the treatment already being done or will be done to the participant.

I have been informed that only anonymized data of the participant that is taken from the medical charts will be shared over a common website that will have information coming in from other such centers across the country. I am aware that the participation does not have any direct benefit to the participant but will give some valuable information for the future management of similar patients.

If you have any queries at any time about the study or the procedures, or you experience adverse effect as a result of participating in this study, you may contact,

Dr. Sachin Gupta,

Head, Critical Care Medicine,

Narayana Superspeciality Hospital, Gurugram, Haryana – 122002,

Tel: 9873240734, Email- dr_sachin78@yahoo.co.in

If you have questions about the rights of the participant, then contact the,

Member Secretary, Institutional Ethics Committee

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

Participant's name:	
Legal Acceptable Representative name	
Legal Acceptable Representative signature/Thumb Impression & 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:	