

CONFIDENTIAL

MEDICINE CONTROL AUTHORITY

MEDICINES AND ALLIED SUBSTANCES CONTROL ACT [CHAPTER 15:03]

CONSENT OF PERSON WHO WILL PARTICIPATE IN A CLINICAL TRIAL

(To be completed in triplicate)

I *(state full names)*

born on the

of *(state address)*

do hereby confirm that I have freely consented to participating in the clinical trial to be conducted by

..... at

(state name of institution or place where the trial is to be conducted)

for the purposes of

.....

.....

.....

Date

.....

Signature of person

.....
Witness

.....
Guardian's signature, if necessary