

Short consent for prospective observational study
Deferred Consent for Participation in the study

Title-: Airway MaNagement PrActices and Complications of InTubation in Indian ICUs (IMPACT): A prospective multicenter cohort study in Indian ICUs

I understand that a study "Airway MaNagement PrActices and Complications of InTubation in Indian ICUs (IMPACT): A prospective multicenter cohort study in Indian ICUs" 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 data related to insertion of a breathing tube in my wind pipe that has been collected from my medical records.

I understand that my condition had required insertion of a breathing tube in my wind pipe. Data was collected related to nature of breathing difficulty, reasons for passing breathing tube, the techniques involved and the equipments used during the procedure. The level of training of doctors has been assessed and the complications if any till hospital discharge will be recorded.

I understand that there were no additional medical procedures done over and above those which I encountered 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 me beyond that which I encountered while undergoing routine physical or psychological examinations or tests and/or which I would encounter in routine daily life activities. I further understand that confidentiality with regard to my medical data will be ensured, and that the results published will not in any way be linked to me. 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 participation in this study or withdraw my consent at any stage of the study my medical treatment will not be affected and Principal Investigator will not use my data for any analysis or report.

I understand that if I have any queries at any time about the study or the procedures, or if I experience 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 data for the study.

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| Participant's name: | |
| Participant's signature & date: | |
| 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: | |