

**FORM OF INFORMED CONSENT**

Participant identification number for this trial:

I \_\_\_\_\_ s/d/w of \_\_\_\_\_ resident of \_\_\_\_\_ hereby declare that I give informed consent to participate in the study titled **“A prospective randomized control trial for evaluation of pre-emptive low dose intravenous ketamine in management of acute as well as chronic post-operative pain following laparoscopic cholecystectomy”**

The nature and purpose of the study and its potential risks / benefits and expected duration of the study, and other relevant details of the study have been explained to me in detail in a language that I understand. I confirm that I had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

I understand that the information collected about me from my participation in this research and sections of any of my medical notes may be looked at by responsible individuals from SMS&R, Sharda Hospital, at Sharda University. I give permission for these individuals to have access to my records and use it for publication in journals and presentation at scientific forum. I also understand that my records will be edited so that I will not be identified.

I agree to take part in the above study.

(Signature / Left thumb impression)

Date

Signature of the principal investigator:

Date