Informed Consent Form

Title of the project: “Mucormycosis: Resurgence of a deadly opportunist during COVID-19 pandemic”

Name of the investigator: Dr. Shalini Upadhyay

I have been explained to my full understanding in detail the nature & purpose of the above study, its potential risks/benefits & other details. My participation in this study is voluntary. I also understand that information collected from this study will be kept confidential.

Name/Signature of the participant:

Date: 9/ April/21    Place: Gurgaon

Name/Signature of the person obtaining consent: (Dr. Shalini Upadhyay)

Date: 16/03/2021    Place: Gurgaon
Informed Consent Form

Title of the project: “Mucormycosis: Resurgence of a deadly opportunist during COVID-19 pandemic”

Name of the investigator: Dr. Shalini Upadhyay

I have been explained to my full understanding in detail the nature & purpose of the above study, its potential risks/benefits & other details. My participation in this study is voluntary. I also understand that information collected from this study will be kept confidential.

Name/Signature of the participant:

Date: 26/3/2021  Place: Gurgaon

Name/Signature of the person obtaining consent:

26/03/2021  (Dr. Shalini Upadhyay)

Date: 26/03/2021  Place:
Informed Consent Form

Title of the project: “Mucormycosis: Resurgence of a deadly opportunist during COVID-19 pandemic”

Name of the investigator: Dr. Shalini Upadhyay

I have been explained to my full understanding in detail the nature & purpose of the above study, its potential risks/benefits & other details. My participation in this study is voluntary. I also understand that information collected from this study will be kept confidential.

Name/Signature of the participant: [Redacted]

Date: 18/03/2021 Place: Gurgaon

Name/Signature of the person obtaining consent: [Redacted]

(Dr. Shalini Upadhyay)

Date: 18/03/2021 Place: Gurgaon
Informed Consent Form

Title of the project: “Mucormycosis: Resurgence of a deadly opportunist during COVID-19 pandemic”

Name of the investigator: Dr. Shalini Upadhyay

I have been explained to my full understanding in detail the nature & purpose of the above study, its potential risks/benefits & other details. My participation in this study is voluntary. I also understand that information collected from this study will be kept confidential.

Name/Signature of the participant:

Date: 18/03/2021 Place: Gurugram

Name/Signature of the person obtaining consent: (Dr. Shalini Upadhyay)

Date: 18/03/2021 Place: Gurugram