CENTRAL UNIVERSITY OF JAMMU

Bagla, Jammu and Kashmir - 181143,
India
Consent form and Proforma

Consent Form (for subject/ Patient)

The advantages and disadvantages of the research in which I am expected to participate, for which I have to donate blood sample which has been explained to me. I, willingly under no pressure from the researcher (i) agree to take part in this research and agree to participate in all the investigations which will help acquire knowledge for the benefit of mankind and (ii) agree to donate my 3 blood. My consent is explicitly not for disclosing any personal information. I have informed that CUJ and the researchers (PI …….. and his/her colleagues) will take my prior consent before they get any monetary benefit from research based on my samples.

Signatures subject/patient (Name:) Witness (Name:) Principle Investigator (Name:) Place: Date:

PROFORMA

1. BASIC INFORMATION

NAME GENDER ☐ M ☐ F AGE_____ RELIGION_____ CASTE_____

ETHNICITY_____ PLACE OF ORIGIN ☐ URBAN ☐ RURAL

PERMANENT ADDRESS_____

CITY_____ STATE_____ PIN CODE_____ PHONE NUMBER _____

2. FAMILY AND PERSONAL HISTORY

	Yes	No	Relationship
High blood pressure			
Stroke/ Clotting disorder			
Heart attack before age 55			

	Yes	No	Relationship
Cholesterol or blood fat disorder			
Diabetes			
Kidney disease			

	Yes	No	Relationship
Cancer (type):			
Alcohol/drug problems			
Smoking			

HEIGHT_____ WEIGHT _____ BMI _____

3. MEDICAL HISTORY AND INFORMATION

Have you ever had or have you now: (please check at right of each item and if yes, indicate year of first occurrence or specify the condition

Questions	Answer
When were you first diagnosed with hypertension / High BP?	
What was your blood pressure reading at that time?	
What was your most recent blood pressure result, and when was this taken?	
Are you currently taking medication for this condition? (specify)	
Any member in your family suffering from same condition? (specify)	
How many hours of the day are you exposed to sun?	
Is there any other medical conditions are you currently suffering from other than High BP?	
When you did ***first*** started on prescription medication for high blood pressure?	
Are you vitamin D deficient?	
Do you have high cholesterol level?	
Do you take high salt diet frequently?	

Questions	Yes	No	Specify
High blood pressure			SBP- DBP-
Dizziness			
Regular Exercise			
Blurred vision			
Heart disease any			
Uric acid levels			
Sleep duration			
Headaches			
Shortness of Breath (Dyspnea)			
Stress / Depression / Anxiety			

Signature (Patient)

4. Pedigree analysis