RESEARCH CONSENT FORM

MRN: _______________________
Pt Name: ____________________

Boston Children’s Hospital Committee 617-355-7052

In the event of any concerns about this consent form, please contact us at 617-355-7052.
RESEARCH CONSENT FORM

MRN: _________________________
Pt Name: ______________________

[Text in Telugu]

* This form contains information about the research study, including the purpose, procedures, potential risks, benefits, and your rights as a participant. Please read carefully before signing.

[Signature]
[Date]

[Thank you for your participation in this research.]