

INFORMED CONSENT FORM

(for adult subjects)

Research Title: Prevention of Trismus in Head And Neck Cancer Patient Undergoing
Radiotherapy: A Randomized Controlled Trial

Researcher's Name: Prof. Madya Dr. Syed Nabil Syed Omar
Prof Dr Mohd Razif Mohammad Yunus
Dr Khairiyah Sidek
Dr Tharmentheran a/l Pitchaimuthu

I,, IC No:

- have read the information in the Patient Information Sheet **including information regarding the risk in this study.**
- have been given time to think about it and all of my questions have been answered to my satisfaction.
- understand that I may freely choose to withdraw from this study at anytime without reason and without repercussion
- understand that my anonymity will be ensured in the write-up.

I voluntarily agree to be part of this research study, to follow the study procedures, and to provide necessary information to the doctor, nurses, or other staff members, as requested.

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(Signature)

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(Date)

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Witness (if any)

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(Signature)

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(IC Number)

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(Date)

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Researcher

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(Signature)

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(IC Number)

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(Date)