

Department of Anaesthesiology, University of Malaya, 50603 Kuala Lumpur, Malaysia

Patient Identification Number for this trial: \_\_\_\_\_\_\_\_\_\_

**CONSENT FORM**

**Evaluation of the clinical performance of LMA Protector in the moderately obese patients**

I.I Shariffuddin , S.H Chaw , C.H Lim et al.

**Please initial box**

1. I confirm that I have read and understand the information sheet dated \_\_\_\_\_\_\_\_\_\_ (version \_\_\_\_) for the above study and have had the opportunity to ask questions.

2. 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.

3. I understand that sections of any of my medical notes may be looked at by responsible individuals from Universiti Malaya or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.

4. I agree to take part in the above study.

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Name of Patient Date Signature

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Name of Person taking consent Date Signature