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2. **Duration of the participation with number of participants**: The completion of the study would take at least two years from the date of grant of the ethical clearance from the hospital. There will be participation of at least 500 CAD patients and at least 500 control individuals for this research work.

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PROFORMA-II
Written Informed Consent Form for Healthy (Control) Individuals
Title of the Research work: “MOLECULAR ALTERATIONS IN GENES AND THE RISK OF CORONARY ARTERY DISEASE IN NORTH INDIAN POPULATION”

Name of the subject: ____________________________________________

Name of the investigator: Ms Naindeep Kaur

Name of the Supervisors:
Dr. Jagtar Singh, 
Associate Professor, 
Department of Biotechnology, 
Panjab University, Chandigarh.

Dr. S. Reddy, 
Associate Professor, 
Department of Cardiology, 
PGIMER, Chandigarh.

Name of the Institution: Panjab University, Chandigarh

The investigator has given me full explanation of the nature, purpose and the likely duration of the study and what I shall be expected to do, in the language best understood by me. The information sheet given to me is also in a language familiar to me. I have been given the opportunity to question on all aspects of the study and have understood the advice/information given, as a result I agree to co-operate fully with the investigator.

I understand that the investigator in charge of this study can stop my participation in the study at any time, for any reason, without my consent. I am also aware of my right to opt out of the study at any time during the course of the study, without having to give the reasons for doing so.

I hereby give permission to the investigator in charge of the study to release the information obtained as a result of my participation and this study can be published, but my identity will remain confidential.

Signature/Thumb impression (Subject/Parent/Guardian) Signature of the investigator
Date: ________________

I confirm that I have explained the nature, purpose and possible hazards of the above study to ..................................................

Signature of the witness ..................................................

Signature of the supervisor ............................................ Date: ________________
PROFORMA-II

Written Informed Consent Form for Patients with Coronary Artery Disease
(Cases)

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Signature of the witness …………………………………

Signature of the supervisor ………………………………… Date: ________________
CONTROL QUESTIONNAIRE

Title of the Research work: “MOLECULAR ALTERATIONS IN GENES AND THE RISK OF CORONARY ARTERY DISEASE IN NORTH INDIAN POPULATION”

Patient Name: ________________________________

Gender: Male [ ] Female [ ]

Weight: _______ Kg

Height: _______

Age: _________  B.P.: _________

Marital Status: (Married) (Unmarried) (Divorced) (Widowed)

Hip to waist ratio: ______

Residential Address: ______________________________

Resi. Phone: ____________

Mobile: ____________

Ethnicity: Hindu [ ] Muslim [ ] Sikh [ ] Christian [ ] Buddhist [ ] Jain [ ] Parsee [ ]

others_________________

Which state you belong to: Delhi [ ] Haryana [ ] Uttar Pradesh [ ] Punjab [ ] Jammu & Kashmir [ ] Himachal Pradesh [ ] Uttrakhand [ ] other ________________

Where do you work? _______________________________________________________

Social history:

Smoking / Alcohol / Tobacco use

<table>
<thead>
<tr>
<th></th>
<th>Smoking</th>
<th>Alcohol</th>
<th>Tobacco</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many?</td>
<td></td>
<td>_________</td>
<td>_________</td>
</tr>
<tr>
<td>Cigarettes(C)</td>
<td></td>
<td>____Beer (B)</td>
<td>____ times per day</td>
</tr>
<tr>
<td>/Packs</td>
<td></td>
<td>per day / week / month</td>
<td></td>
</tr>
<tr>
<td>Beedi(B)/Packs</td>
<td></td>
<td>Whiskey(W)</td>
<td>per day / week / month</td>
</tr>
</tbody>
</table>

Since how many years?

If left then how much time ago?

Do your co-workers or anyone at home smoke?

Exercise habits

1. Do you exercise daily? Yes____ No____ Once ____ Twice____
2. For how much time? _______________

Family history of CAD

Are you vegetarian or non-vegetarian? _______________________________
# BIOCHEMICAL TESTS

<table>
<thead>
<tr>
<th>S.No</th>
<th>TEST</th>
<th>NORMAL VALUES</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Creatine Kinase MB (CK-MB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Apolipoprotein A-I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Apolipoprotein B</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>High sensitivity C-reactive protein</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>HDL-C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>LDL-C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>VLDL-C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Blood sugar</td>
<td></td>
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</tr>
<tr>
<td>9.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Total Cholesterol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
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<table>
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<tr>
<th>Smoking / Alcohol / Tobacco use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
</tr>
<tr>
<td>Tick the appropriate option</td>
</tr>
</tbody>
</table>

How many?

Cigarettes(C)/Packs

Beedi(B)/Packs

Beer(B)

Whiskey

per day / week / month

(W) per day / week / month

_______ times per day

Since how many years?

If left then how much time ago?

Do your co-workers or anyone at home smoke?

Exercise habits

1. Do you exercise daily? Yes_____  No_____  Once ____  Twice_____  

2. For how much time? _________________

Family history of CAD

_________________________________________

Are you vegetarian or non-vegetarian?______________________________

CR.No. ______________
## BIOCHEMICAL TESTS

<table>
<thead>
<tr>
<th>S.No</th>
<th>TEST</th>
<th>NORMAL VALUES</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Creatine Kinase MB (CK-MB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Apolipoprotein A-I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Apolipoprotein B</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>High sensitivity C-reactive protein</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>HDL-C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>LDL-C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>VLDL-C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Blood sugar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Uric acid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Total Cholesterol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Triglycerides</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>