

Favilow 200 / 400
(Favipiravir Tablets 200 / 400 mg)



Informed consent
(For Emergency Use)

To Whomsoever It May Concern

I, _____ Age _____, Sex _____
R/o _____ hereby give my express consent for receiving Favipiravir tablet, manufactured and marketed by MSN Laboratories Pvt Ltd. Regd. Office at Plot No: C-24, Industrial Estate, Sanathnagar Hyderabad - 18 Telangana, INDIA, for treatment of COVID-19 illness.

My treating doctor _____ (name and coordinates) has explained to me in the language I understand that Favipiravir has been approved only for emergency use in India for treatment of mild to moderate COVID-19 by Government (office of DCGI, Ministry of Health and Family Welfare, Govt. of India New Delhi) in the current pandemic situation of COVID-19.

I have also been explained about the possible benefits as well as risks (including the side effects) from the usage of this drug by my treating physician. After which I have made an informed choice to take this Favipiravir tablet willingly and under no undue pressure.

I also confirm that I have had a chance to read or be explained the contents of the Product Information leaflet / sheet that carries all the information on the usage, indication, possible adverse effects and contraindications for Favipiravir.

I understand that if I have questions, concerns, or complaints, or think the treatment has in any way hurt me, I am at liberty to withdraw the consent for my treatment with Favipiravir without giving any reason whatsoever and for can talk to my doctor. I agree to the fact that the data being generated out of my usage of this Favipiravir may be used by MSN laboratories Pvt Ltd. for scientific purposes only.

Physician's signature

Name of the Person providing consent

Signature of person providing consent
(Patient, Legally authorized representative, parent, or guardian)

B32679-00