**INFORMED CONSENT**

 The undersigned below :

 Name :

 Age :

 Sex : Female / Male (Circle your choice)

 Address :

 After reading the explanatory sheet of research and listening to the researcher’s explanation about :

 Research’s Title : The Correlation Between Daily Lens Wear Duration and Dry Eye Syndrome

 Researcher’s Name : Monica Tumiar Hanna Gultom

 Research Agency : Medical Faculty of University of Sumatera Utara

 It hereby states in full that I am willing to participate in this reseacrh voluntarily and without coercion.

 Medan, 4th September 2017

 Researcher Paticipant

( **Monica Tumiar Hanna Gultom** ) ( )

 Your Name and Signature