**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