

Consent for PEDIA study

Study Participant	
Last Name:	_____
First Name:	_____
Date of Birth:	_____

I have read the study information material, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked were answered to my satisfaction. I consent voluntarily [for my child] to participate in this research. I have been informed that I can withdraw my consent at any time and without giving reasons. In the event of a revocation of consent, all attributable data will be deleted, and I will not suffer any disadvantages.

Date (MM/DD/YYYY)

Signature of Participant/Parent

I have accurately read out the information sheet to the participant or his/her parents, and to the best of my ability made sure that the person understands what will be done. I confirm that the participant/parents was given an opportunity to ask questions about the study, and all questions asked by the participant/parents have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. A copy of this ICF has been provided to the participant.

Date (MM/DD/YYYY)

Signature of Doctor