


Consent Form Request for Future Use of Remaining Biological Samples (Research Extension)	 Naresuan University Institutional Review Board
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Protocol Title

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.....

Name of Investigator

.....
.....

Consent

Date

Day.....Month.....Year.....

I,

Mr./Mrs./Miss.....

.....

Address.....

.....

I hereby consent to the storage of the remaining biological samples for future research and/or genetic studies.

..... Participant
Signature

(.....) Name of
Participant

Date.....

I have explained the purpose of the research, research methods, potential risks, adverse effects, or risks that may arise from the research or the use of medication, as well as the detailed benefits that may result

NU-IRB#

IF 04/6.0

from the research. The participants in the research, as mentioned above, are informed, have a clear understanding, and sign the consent form willingly.

..... Investigator
Signature
(.....) Name of
Investigator
Date.....

This witness signature is only for participants who are unable to read or write.

In case you are unable to read or write, you must have one witness sign and the witness must not be involved in the research study in any way.

..... Witness
signature
(.....) Name of
witness
Date.....