Consent Form
(For Parents/Legally Authorized Representative of Participants Aged 0-12 years)

NU-NRE
Naresuan University Network Research Ethics

Protocol Title:.....
.....

Consent Date Day.....Month.....Year.....

I, Mr./Mrs./Miss .....(Parents/Legally Authorized Representative 's Name - Surname) Address..... ... who is the .....[Relationship]..... of …….....of..... (Participant's Name-Surname) have read the details provided in the attached participant information sheet dated .....[Date]..... and hereby willingly consent to allow ..... (Participant's Name-Surname) to participate in this research.

I have received a copy of the signed consent form for research participation, along with the participant information sheet.

Before signing the consent form for participation in this research, both the research participants and I received an explanation from the investigator regarding the study's objectives.

- The duration of the research
- The research methods
- Potential risks or side effects that may arise from the research or the use of medications
- The potential benefits of the research
- Detailed alternative treatment options

I and the research participants have had sufficient time and opportunity to ask all questions until we fully understand. The investigator has willingly answered our questions, ensuring transparency, and we are both satisfied.

I and the research participants acknowledge that the investigator has informed us that, in the event of any harm arising from this research, the participants will receive medical treatment at no cost. (Please specify whether the research sponsor will provide compensation for this medical treatment.).

I have the right to withdraw from participating in the research at any time without providing a reason. The decision to withdraw from this research will not affect my medical care or any other rights I may have in the future.

The investigator certifies that the personal data of the research participants will be kept confidential and will only be disclosed with our explicit consent. Other individuals on behalf of (the company), research sponsors, the Institutional Review Board (IRB), or the Food and Drug Administration (FDA) may be granted permission to access and analyze the personal data of research participants. This will be done solely to verify the accuracy of the information. By agreeing to participate in this research study, I consent to the examination of my medical history data.

The investigator certifies that no additional data will be collected after I request to withdraw from the research, I also request that any documents and/or samples used for verification be completely destroyed and that no traceable information about me be retained.

I understand that I have the right to review or amend my personal information, and I can revoke authorization for the use of my data by notifying the investigator.

I am aware that research data, including undisclosed medical information about me, will undergo various processes such as data collection, recording in forms and computers, verification, analysis, and reporting for academic purposes only (including the potential use in future medical or pharmaceutical research).

I have read and fully understood the above statement, and I willingly consent to allow ..... (Participant's Name-Surname)

..... to participate in the research. I have signed this consent form.

..... LAR/Parent Signature

(.....)Name of LAR/Parent

..... Relationship of the LAR/

Parent to the Participant

Date .....

I have explained the purpose of the research, research methods, potential risks, adverse effects and any risks that may arise from the research or the use of medication, as well as the detailed benefits that may result from the research. The participants mentioned above are informed, have a clear understanding, and have willingly signed the consent form.

..... 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.....

Note*: If you wish to retain the remaining biological samples for future research, please attach document AF 05-10, the Consent form for Requesting permission for the future use of remaining biological samples (in addition to the main research study).