

<h1 style="margin: 0;">Consent Form</h1> <h2 style="margin: 0;">(For Participants Aged 7 - 12 years)</h2>	  <hr style="width: 100px; margin: 5px auto;"/> Naresuan University Network Research Ethics
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Protocol Title:

.....

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Consent _____ Date _____

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

I,Name.....

.....Address.....

.....

..... I have read the details from the participant information sheet attached on.....[Date]..... and I voluntarily consent to participate in this research study

Before I sign my name on this consent form to participate in this research, I confirm that I have been explained and provided with detailed information about this research.

After I sign my name on this consent form to participate in this research, I will receive a copy of the consent form.

I have read the document and asked questions to the doctor, nurse, parents, or relatives and research team about the parts I didn't understand. They answered all my questions willingly until I was satisfied.

I have read and understood the information about the research. I understand what I need to do, the potential benefits, and risks of participating in this research. I also have the right to withdraw from the research at any time without any negative impact on my future care.

I understand from the doctor and nurse that they will not collect any additional information about me after I request to withdraw from the research. I also request the destruction of all documents **and/or samples** used for verification that are traceable to me.

..... Participant
Child's Signature (Aged 7-12)
(.....) Name of
Child 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 \(in addition to the main research study\)](#).