

# Participant Information Sheet

## (For Participants Aged 7-12 years)



Naresuan University  
Network Research Ethics

### Protocol Title

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The research study invites you to participate because you are a healthy child. Please take some time to read and consult with a doctor, nurse, parent, relative, or feel free to ask the research team if there are any parts you don't understand or if you want to know more.

### 1. What is this research?

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### 2. Why is this research study being conducted?

In this study, the doctor wants to know.....

### 3. What do you need to do if you join the research?

You will meet the doctor team ..... times and

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### 4. The risks and benefits of participating in the research.

You may feel

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### 5. Confidentiality

All information collected about you will be kept confidential. The study will use only identification numbers instead of your name. Your real name will not be used in this research.

## 6. Participation in this research study

The decision to participate in this research is up to you and your family. You have the right to decide not to participate in this research, and if you decide to join, you also have the right to withdraw at any time without the need to provide any reasons. The doctor overseeing you will continue to provide care as usual.

Thank you for taking the time to understand this research study. Please feel free to ask and let the research team know about anything you don't understand or if you need more information.

## 7. Concerns or any questions

If you have any questions about this research study or injuries related to the study, you can contact ..... Tel. .... or the emergency mobile phone number 24 hours a day Tel. ....

For questions about the research study, your rights, and risks associated with the study, you can contact an independent staff Tel. .... the consultant at ..... Tel. ....