# Consent Form

## (For Participants Aged 13 - 17 years)

Naresuan University
Institutional Review Board

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

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

I,
Mr./Mrs./Miss.....
.....
Address.....
.....

I have read the details from the participant information sheet attached on ……..[Date].....

I voluntarily consent to participate in this research study

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 this research, I was provided with an explanation by the investigator regarding:

- The research objectives
- The duration of the research
- The research methods
- The 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 have had sufficient time and opportunity to ask questions and address any concerns until I fully understand. The investigator has willingly and openly answered all my questions, leaving me fully satisfied.

I acknowledge that the investigator has informed me that if any harm arises from the research study, I 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, and I want 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 join the research with full consent. Therefore, I have signed this document indicating my agreement.

..... Participant Signature

(.....)Name of Participant

Date.....

..... 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).