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| **Informed consent form for legal guardian and participants age 13 -17 years** |
| □ Original □ Revise No. .................................... Revise Date ............/............/............ |

Date................. /..................../...............

My name is................................................................, aged.............years old, address .......................................... road/street......................................sub-district/tambon..................................... district/amphur........................................

Province.......................... Postal code………......... Tel.......................

I and my children hereby express my consent to participate as a subject in the research project entitled……………………..……................………………………………………………………………………………

In so doing, I and my children informed of the research project’s origin and purposes; its procedural details to carry out or to be carried out; its expected benefits and risks that may occur to the subjects, including methods to prevent and handle harmful consequences; and remuneration, and expense. I and my children thoroughly read the detailed statements in the information sheet given to research subjects. I and my children was also given explanations and my questions were answered by the head of the research project.

I and my children therefore consent to participate as a subject in this research project.

On the condition that I and my children have any questions about the research procedures, or on the condition that I and my children suffer from an undesirable side effect from this research, I and my children can contact (Indicate the name of the person in charge who is 24-hour ready for contact by phone).

On the condition that I and my children not treated as indicated in the information sheet distributed to subjects, I and my children can contact the Chair of Mahidol University Central Institutional Review Board, (MU-CIRB) at the office of the President, Mahidol University, Tel 66-2-8496224-5 and Fax 66-2-849-6224.

I and my children aware of my right to further information concerning benefits and risks from the participation in the research project and my right to withdraw or refrain from the participation anytime without any consequence on the service or health care I and my children to receive in the future. Me and my children consent to the researchers’ use of my private information obtained in this research, but do not consent to an individual disclosure of private information. The information must be presented as part of the research results as a whole.

I and my children thoroughly understand the statements in the information sheet for the research subjects and in this consent form. I and my children thereby give my signature.

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| Signature.....................................................................  (...........................................................................)  Guardian  Date........./.........../........... | Signature.....................................................................  (...........................................................................)  Participant  Date........./.........../........... |
| Signature.....................................................................  (...........................................................................)  Researcher  Date........./.........../........... |
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