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| **Information Sheet for Legal Guardian and Participants Age 13-17 Years** |
| □ Original □ Revise No. .................................... Revise Date ............/............/............ |
| ***In this document, there may be some statements that you do not understand. Please ask the principal investigator or his/her representative to give you explanations until they are well understood. To help your decision making in participating in the research, you may bring this document home to read and consult your relatives, intimates, personal doctor or other doctors.*** |

**Title of Research Project:** ..................................................................................................................................................

**Name of Researcher:** ............................................................................................................

**Research Site - Office and its telephone number available for contact both during and outside of office hours**

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**Funding source:** …………..............................................................................................................................................

This research project aims to (briefly describe the research objectives in lay language), which you and your children the following benefits: ...........................................................................

You and your children are invited to participate in this research project because (indicate the important characteristics that suitable to be the research subjects) ...........................................................................

There will be (number of) ........................ participants, and the research project will last for (days/months/years). ...........................................................................

If you and your children decide to participate in the research project, you and your children will go through the following procedures. (Give a list to make the procedures easy to read. Instances are as follows.)

* Take medicines or receive a surgery or something else;
* Indicate details of diagnosis or treatment such as how often will blood draws be taken, how much blood at each blood draw (indicate a measurement in teaspoon or tablespoon), how long the suspension of food and water consumption before blood draws, etc.;
* If normal treatment procedures are not excluded, clearly inform which procedures are part of the research and which are part of normal treatment;
* If placebos are used, this implies that the subject does not receive a treatment. The subject therefore needs to be informed that he/she may be given the placebos. Indicate the proportion of the placebos to the real medicines used in the research;
* In case this is a research project in the field of social or behavioral sciences like conducting interviews, focus group discussions, or distributing questionnaires etc., details must be given including interview topics, number of interview questions, period and number of interview sessions. Will there be audio/video recording, house visit? ;
* In case this is a research project in the field of social or behavioral sciences like conducting interviews, focus group discussions or distributing questionnaires, potential risks may include uneasiness or discomfort due to some questions. In these cases, subjects have the right not to reply to questions and/or withdraw from the study.

**Risks that may occur during research participation** (such as drug allergies or other side effects, chance of disablement or death. Indicate the proportion of risk such as one tenth, two-thirds, etc.);

If you and your children do not participate in this research project, you will receive a standard diagnosis and treatment (such as a treatment by medicine instead of surgery or other details helpful to decision making) .....................

If adverse events/unanticipated events occur, what help will be given to the subject? .....................(Indicate the name of the researcher whom the subject can contact for questions, injury or illness resulting from the research and mobile phone number) .....................

**Remuneration (if any)** ..................... (Indicate if remuneration is given for research participation such as travel expense, compensation for time spent, medication fees, lab fees, etc.)

**Expense (if any)** ...................... (Indicate if the participant is to be responsible for any expense or not.)

If relevant information arises about benefits and risks of the research project, the researcher will inform the subject immediately and without concealment.

Your private information will be kept confidential, it will not be individually disclosed, but will be disseminated as part of the overall results. Individual information, however, may be examined by groups of persons e.g. funding organizations, the ethics committee.

You have the right to withdraw from the project at any time without prior notice. And the refusal to participate or the withdrawal from the research project will not at all affect the proper service or treatment that the subject will receive.

On the condition that you are not treated as indicated in this information sheet, you can contact the Chair of Mahidol University Central Institutional Review Board (MU-CIRB) at the office of MU-CIRB, Research Administration Division, Office of the President, Mahidol University, Tel 66-2-8496224-5, Fax 66-2-8496224.

You and your children thoroughly read the details in this document.

Signature…………………………………………… Participant

(....................................................................)

Date……………/….................../..................

Signature…………………………………………… Guardian

(....................................................................)

Date……………/….................../..................