

**INFORMED
CONSENT FORM****Pediatric
Pancreatitis****Patient personal details:**

First name:.....

Last name:

Date of birth:.....

Insurance number:.....

Summary: The aim of this study is to understand the development and the possible **genetic background** of your child's disease. The outcomes of our study may improve the diagnostics and treatment of this pancreatic disease and may decrease the length of treatment or increase the recovery chances. Our aim is to reveal the genetic background behind this pancreatic disease.

DURATION OF THE RESEARCH, POSSIBILITY TO WITHDRAW THE CONSENT TO PARTICIPATE:

Your/your child's data will be processed anonymously.

Your/your child's participation in this research study is voluntary. You may withdraw your consent at any time either verbally or in writing. The withdrawal of your consent will not result in any penalty or loss of benefits and your/your child's data will not be used.

After reading patient information (ETHICAL APPROVAL point 19-27, www.pancreas.hu) and the above summary, and after listening the doctor providing information, I understand the purpose of this study (permission number: ETT TUKEB ad.52499-3/2014).

I give my consent to participate in this study.

I give my consent to use my/my child's data for scientific purposes and to release them in publications without mentioning my/my child's name. Furthermore, I give my consent to store my/my child's blood sample and data at the place of the research during the time of the research, until its withdrawal or at least 30 years after acquiring data.

At the time of signing I received a copy of the consent form and summary information.

.....,day.....month.....20.....

.....
researcher/doctor providing information.....
signature of participant (patient).....
signature of legal representative¹

¹ Compulsory in case of incapacitated patient or individual under 18 years. In case of illiteracy of the participant or his/her legal representative, two witnesses and their signatures are needed for the valid consent.

We, the undersigned, have witnessed and confirm that accurate information was given to the participant/legal representative of the participant and we confirm that the individual has given consent freely and voluntarily.

.....
signature of witness 1.....
signature of witness 2

Name:

Name:

Address:

Address:

ID number:

ID number:

