## **INFORMED** CONSENT FORM Pancreatitis

## **Pediatric**





Patient personal details:	Country:
First name:	• • • • • • • • • • • • • • • • • • •
Last name:	
Date of birth:	
Insurance number:	
<u>Summary:</u> Pediatric pancreatitis is an important disease associated with significant incidence. The outcomes suggest disease in children as it is in adults.  The early assessment of severity is crucial in the management.	that pancreatitis is as serious  gement of the disease. The
classification defines three degrees of severity: mild, moder of predictive scoring systems have been recently developed; risk stratification in AP have a limited value, as they provid thus may delay appropriate management.	however, current methods of e little additional information
The aim of study is to analyse the course of the disease a simple and accurate clinical scoring system that can stratify first 6-12 hours of hospitalization according to their risk for se	patients with AP during the Patient No:
DURATION OF THE RESEARCH, POSSIBILITY TO WITHDRAW	THE CONSENT TO
<u>PARTICIPATE:</u> Your/your child's data will be processed anonymously.	
	ntary. You may withdraw your consent to participate at any time eithen t result in any penalty or loss of benefits and your/your child's data will
	19-27, <u>www.pancreas.hu</u> ) and the above summary, and after listening of this study (permission number: ETT TUKEB ad.52499-3/2014).
	rposes and to release them in publications without mentioning my/my child's blood sample and data at the place of the research during the after acquiring data.
At the time of signing I received a copy of the consent form a	nd summary information.
daymonth	20
	ure of participant (patient) signature of legal representative <sup>1</sup>
$^{\rm 1}$ Compulsory in case of incapacitated patient or individual under 18 years. their signatures are needed for the valid consent.	In case of illiteracy of the participant or his/her legal representative, two witnesses and
We, the undersigned, have witnessed and confirm that accur participant and we confirm that the individual has given cons	ate information was given to the participant/legal representative of the ent freely and voluntarily.
signature of witness 1	signature of witness 2
Name:	Name:
Address:	Address:
ID number:	ID number:

JOINT PROJECT ORGANIZED BY THE HUNGARIAN PANCREATIC STUDY GROUP AND THE INTERNATIONAL ASSOCIATION OF PANCREATOLOGY





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