INFORMED CONSENT FORM

Pediatric Pancreatitis





Patient's personal details	
First name:	Country:
Last name:	
Date of birth:	Town:
Insurance number:	
Summary:	
The aim of this trial is to find the reason/disease behind the abdominal payour child. The trial helps to evaluate the possibility of pancreatitis as the rebehind the abdominal pain, and helps to recognize it early. The trial recognize it early.	eason quires
physical examination, blood collection and imaging examination (abdoultrasonography and/or abdominal computer tomography). Most of examinations would probably be ordered by your doctor anyway. We expectively a provide a fact simple and outboating value system that belong to evalue	these ct the Doctor's Name/Initials:
trial to provide a fast, simple and authentic value system that helps to evalua a reliable and cost efficient way) the necessity of pancreatic enzyme tes abdominal ultrasonography or CT when a child has abdominal pain.	
DURATION OF THE RESEARCH, POSSIBILITY TO WITHDRAW THE CONSENT TO	0
PARTICIPATE: Your child's data will be processed anonymously. Your participation in this cli to participate at any time either verbally or in writing. The withdrawal of benefits in your child's treatment. In case of withdrawal your child's clinical and/or the research coordinator and ask further questions at any time.	your consent will not result in any penalty or loss of
After reading patient information and the above summary, and after listenipurpose of this trial (ethical permission number: ETT TUKEB ad.52857-2/2014	
I give my consent to use my child's data for scientific purposes and to release name. Furthermore, I give my consent to store my child's blood sample and c 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 info	ormation.
daymonth20	
researcher/doctor providing information signature of participan	nt (patient) signature of legal representative ¹
1 Compulsory in case of incapacitated patient or individual under 18 years. In case of illiteracy of their signatures are needed for the valid consent.	of the participant or his/her legal representative, two witnesses ar
We, the undersigned, have witnessed and confirm that accurate information participant and we confirm that the individual has given consent freely and vo	
signature of witness 1 signature	gnature of witness 2
Name: Name:	
	S:
ID number:ID numl	ber:

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



