**CONSENT FORM (for participants less than18 years of age)**

Parent/Legally acceptable representative (LAR)

**Title of the project**:

Participant’s name: Address:

Parent/LAR’s name:

 The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my child/ward’s participation in the study is voluntary and that I am free to withdraw my child/ward at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I have been given an information sheet giving details of the study. **Risk and benefit of this project has been explained to me.** I fully consent for the participation of my child/ward in the above study.

Assent of child/ward obtained (for participants 12 to 18 years of age)

(I also consent / do not consent to use my child/ward’s stored biological samples for future scientific purposes: Yes/No – if applicable)

Signature/ thumb impression of the parent/ LAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of the witness:

Signature of the investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_