

**OBSERVATIONAL STUDIES IN COVID SUSPECT/CONFIRMED CASES USING
INTEGRATED DATABASE IN A TERTIARY CARE CENTRE
INFORMED CONSENT FOR PEDIATRIC PATIENTS**

This is an informed consent to participate in research studies related to COVID-19 being done at Christian Medical College Vellore

Study Number: _____

Subject's Initials: _____ Subject's Name: _____

Date of Birth / Age: _____

(Subject)

- (i) I confirm that I have read and understood the information sheet dated _____ for the above study and have had the opportunity to ask questions. []
- (ii) I understand that my child's participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. []
- (iii) I understand that the research funding organisation, the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the study. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published. []
- (iv) I agree for the use of stored blood/ cells and other biological samples of my child to be used for further studies. I understand that this may not be helpful in the treatment of my child but may be helpful to patients in the future. []
- (v) 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). []
- (vi) I agree for my child to take part in the above study. []
- (vii) I am aware that there may be an audio-visual recording of the Informed Consent. []

Signature (or Thumb impression) of the parent/Legally Acceptable representative

Date: ___/___/___

Signatory's Name: _____ Signature:

Or



Signature of the Investigator: _____

Date: ___/___/___

Study Investigator's Name: _____

Signature (or) thumb impression of the Witness: _____

Date: ___/___/___

Name and Address of the Witness: _____
